Maternal and Child Health Services
Title V Block Grant

State Narrative for Federated States of Micronesia

Application for 2010
Annual Report for 2008

Document Generation Date: Monday, September 28, 2009

Table of Contents

I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.
An attachment is included in this section.

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

These are the standard forms that the Secretary of the Department of Health, and Social Affairs already signed and they are being mailed to the address below:

HRSA Grants Application Center
Attn: MCH Block Grant
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879

//2008// No change or additions //2008// //2009// No Change //2009//

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published March 2009; expires March 31, 2012.

E. Public Input

To assure public input and feedback from the general public, the usual practice is that the Secretary of Health for the Department of Health, Education and Social Affairs disseminates the Title V MCH Block Grant Application to places that the public can easily obtain. In the past, the Department has done this by (1) making a general announcement on the four State Radio Stations and inviting the public for comments and feedback and (2) making the copies available to each of the FSM State Department of Health Services for the public to pick up.

This year, this process is used again without having to send the appliction to the FSM Congress for endorsement. This is because, the FSM Congress has already endorsed the MCH Program in the FSM through the previous years' resolutions and by law only new grant or program has to be sent to FSM Congress for review and endorsement. However, if any grant or program is discontinued, the Department of H&SA has to send, through the President, communication explaining the circumstances leading to such discontinuation with a contingency plan as to how the program activities can be sustained.

A copy of the announcemnet that goes out with this year's application was already mailed into the above address and is also attached herein.

//2005// No change.//2005//

//2006// No change//2006//

//2007// No change//2007//

//2008// No change//2008//

//2009// No Change //2009//

/***//2010// No Change //2010//***

II. Needs Assessment

In application year 2010, it is recommended that only Section IIC be provided outlining updates to the Needs Assessment if any updates occurred.

An attachment is included in this section.

C. Needs Assessment Summary

//2007// Earlier this year, the CSHCN Physician traveled to the four states of Chuuk, Kosrae, Pohnpei, and Yap and met with the respective states' CSHCN staff and stakeholders to determine what they have done in response to the findings made during the 2004 FSM-wide CSHCN Survey. We are very happy with the accomplishments at state level in responding to the concerns made by parents of children with Special Health Care Needs as revealed in the 2004 survey. Duirng the site review, the CSHCN Physician reviewed what the States have done in response to the parents' concerns with CSHCN Services and what sort of plans the states have for future activities to continue addressing parental concerns and improving services for the CSHCN population. The review, findings, and plans presented in this assessment were based on National Performance Measures #2, #3, #4. #5, and #6. Please refer to the detail of this report in the attachment section. //2007//

//2009// No Needs Assessment conducted during this reporting period. //2009//

//2010// The CSHCN Physician conducted a Hospital Pediatric Discharge Survey in the four FSM States as part of the FSM Needs Assessment exercise. In August 2007, a visit to all the four states in FSM was done to look at the most common cause of pediatric admissions for a one year period (2006). Due to limited time and proper resources, the data gathered were mainly from inpatient charts review. It is important to note that there were no data gathered from any interviews from parents or any care takers of these children. Throughout all the four states, the five top common causes of admission in 2006 were; respiratory illnesses (mainly bronchiolitis and pneumonia), gastrointestinal diseases (diarrhea with or without dehydration, malnutrition, parasitism), skin infections (scabies and impetigo), injury (MVA, intentional and unintentional), and abscess (deep muscle and cellulites). Though the rankings were different from state to state, all these five common causes appeared in all the states. It is important to note that the two states with the bigger population (Chuuk and Pohnpei), had more problems reviewed than the other two. There were high number of neonatal admissions for both Chuuk and Pohnpei, but very few in yap and Kosrae. However, on the other hand, yap showed a high number or children with dental problems (cavities, caries, and extraction). In yap, it was very interesting to learn that all children needed a tooth extractions are required to admit to the pediatric ward to undergo general anesthesia for the procedure. The issue on aspiration precautions was thoroughly discussed with the in charge physician. At the end of the data analysis, these data were presented to each state directors of health services with given recommendations and suggested solutions in aim to improve the general health of the pediatric population by minimizing these preventable conditions. Most of the recommendations are interlinked with two or more of the illnesses, therefore, it was overly emphasized that by doing one recommended solution, more than one of the illnesses or conditions will be addressed. Some of the recommendations are, but not limited to, the following; (1) a standardized newborn and pediatric care protocol to be designed and installed in all the neonatal and pediatric ward in all the four hospitals in each state (this is to ensure continuity of proper care irrespective on who is in charge of the population served), (2) proper raw and waste material disposal, (3) safe and adequate water supply for all households, (4) food safety (available, affordable, accessible, production and consumption), (5) proper nutrition in targeting pregnant mothers, children, and young adults, (6) injury prevention (home, school and community based), (7) good environmental

sanitation, (8) proper home ventilation for overcrowded households, (9) proper hand washing at home, schools and public facilities, and (10) general basic health care for mothers and children. Specifically for Kosrae and yap (these states have no pediatrician), it was highly recommended that one physician be assigned to be in charge for pediatric unit, whom will also take on the responsibility of overseeing the children with special health care needs. Some challenges were noted, which included 1) missing charts -- not all charts were available for review; 2) incomplete notes -- one has to read the entire chart to make a diagnosis; 3) charts review was too much for a one person job; and 4) Poor and miscommunications among proper individuals who were responsible for data gathering and inputting. The Outer Islands of Yap where 40% of the state's population reside comprised of about 130 islands, of which 18 are inhabited. The customs, traditions, and languages of the islanders are different from those of the Main Island Yapese. As in any traditional Pacific island groups, women hardly travel long distances from their own islands. The only means of inter-island travel then was by sailing local canoes and the government-run field trip ship. Traditional customs and beliefs are still strong in these islands. This explains why the first health assistants on these islands were predominantly male. Traditionally, local midwives deliver babies. Recording and reporting such data for births and deaths was not valued and scarcely done. In the mid-1980s small air strips were built on three islands of Ulithi, Fais and Woleai. In 1960 a high school opened up in Ulithi where young women began to attend. Girls who graduated had four choices of nursing schools in Saipan, Majuro, Palau, or College of Micronesia extensions in each FSM state. In the mid-1980s, the health assistant training program increased its enrollment for women. Beginning in year 2000 community leaders and the women themselves expressed the concern that utilizing the services were restrictive because the health provider is a male relative which customs prohibits physical proximity let alone physical examination nor delivering a baby. Up to year 2003, most of MCH required data continued to be absent from the neighboring islands. So a data workshop was held for a week on main land Yap where every island sent in a representative. The value and need for data from their islands was explicitly explained. It was during this workshop that the need for female health providers was again voiced. Between September 2006- Oct.2007 10 high school graduates began a birth attendant class and 6 completed 1year training, now certified birth attendants. They also trained to do wellbaby, newborn check and prenatal care. During the Summer of 2008 14 Health Assistants completed training in cancer prevention- appropriate technique to obtain Pap smear and out of the total 6 have been hired by the department of health services. This year they are undergoing training in the STI Syndromic Approach, Application of dental sealants and the Virtues- such virtues as kindness, courtesy and respect among others are essential qualities to possess as health services providers. During 2010- training will be on immunization, MODFAT diet plan, Physical Activity, promotion of fruits and vegetables into Micronesian diet //2010//

III. State Overview
A. Overview
//2006//

III. Overview of the State

A. Overview

The Federated States of Micronesia (FSM) is an island nation consisting of approximately 607 islands in the Western Pacific Ocean. The Nation of the FSM lies between one degree south and fourteen degrees north latitude, and between 135 and 166 degrees east longitude. Although the total area encompassing the FSM, including its Economic Exclusive Zone (EEZ), is very expansive, the total land area is only 271 square miles with an additional 2,776 square miles of lagoon area. The 607 islands vary from large, high mountainous islands of volcanic origin to small flat uninhabited atolls. The FSM consists of four geographically and politically separate states: Chuuk, Kosrae, Pohnpei, and Yap.

Based on the 2000 Census, the total population of the FSM stood at 107,008 residents. The distribution of the population among the four states shows that the state with the smallest population is the State of Kosrae with 7,686 residents (7.2% of FSM total); the next largest population is in the State of Yap with 11,241 persons (10.5% of FSM total); Pohnpei state has a total population of 34,486 (32.2% of FSM total); and the largest population is in the State of Chuuk with 53,595 residents (50.1% of FSM total). Of this total population of 107,008, there are 24,172 women of child-bearing years of 15-44, which is 22.5% of the total population. Of this total population of child-bearing age women, there are 3,806 women between the ages of 15-17 years. The population structure continues to show that 55,824 (50.3%) of the residents - more than half of the population are under the age of 20 and the children under five-year old stood at 14,783 or 13.8% of the population.

The State of Chuuk consists of 15 high volcanic islands in the Chuuk Lagoon and a series of 14 outlying atolls and low islands. There are three geographic aspects to Chuuk, the administrative center of the state on the island of Weno (formerly Moen), the islands of the Chuuk Lagoon, and the islands of the outlying atolls - a total of approximately 290 islands in all. The 15 islands of the Chuuk Lagoon have a total land area of 39 square miles; and the lagoon itself has a total surface area of 822 square miles and is surrounded by 140 miles of coral reef. The islands of the Chuuk Lagoon include:

1. Northern Namoneas -14,722 (Weno,Fono)
2. Southern Nemoneas -11,694 (Tonoas,Totiw, Fefan, Tsis, Parem, Uman)
3. Faichuk -14,049Tol (Tol, Polle, Patta, Wonei, Eot,Romanum, Fanapanges, Udot)

There are also three groups of outer islands: The Mortlocks, The Hall Islands and the Western Islands.

Mortlocks Islands - 6,911 population which includes the Upper Mortlocks (Nama,Losap, Piis Emwar, Mid-Mortlocks (Namoluk, Etal, Moch, Kuttu), and the Lower Mortlocks (Ta, Satowan, Oneop and Lekinioch)

In the Western region, there are the Hall (Pafeng) Islands and Western Islands (Oksoritod) with 6,219 population all together.

The Hall Islands include:

Fananu
Murillo
Nomwin
Ruo

The Western Islands include:

Houk
Polowat
Onoun
Onanu
Pollap
Makur
Piherarh
East Fayu Island (uninhabited)
Tamatam
Onouo

The total population of the State of Chuuk based on the 2000 Census was 53,595 residents and of this total, 40,465 (76% of total state including Weno) live on the islands in the Chuuk Lagoon. The administrative center, Weno Island claims 13,802 residents (26% of total state), followed by Tol (5,129), Fefan (4,062), Tonoas (3,910), Uman (2,487), Patta (1,950), Udot (1,774), Wonei (1,271), and Polle (1,851). The remaining islands have less than 750 residents each. In assessing the age distribution of the population in Chuuk, of the 53,595 total residents 54% (28,780 persons) of the population are under 20 years of age. Of this group, 7,347 are children under 5 years of age. The median age in Chuuk is 18.5 years which makes this the youngest population in the FSM. There are 11,960 (45% of the female population) women of child-bearing ages between 15-44 that live in the state.

Because of the vast expanse of water between islands, travel within the State of Chuuk is difficult. Within the lagoon, travel by boat from Weno to any of the other islands will take from 1.5 hours to 2 hours. Access to the outer islands is even more difficult with travel times on a cargo ship taking from four hours up to two days. The provision of health care to the population of Chuuk is made difficult because of the wide distribution of small clusters of the population among the the islands coupled with the fact that there is no transportation system that allows access to these islands.

The State of Kosrae is the only single-island state in the FSM and the furthest southeastern point of the four FSM states. The Island of Kosrae is the second largest inhabited island in the FSM (Pohnpei being the largest) with a land area of approximately 42.3 square miles. Because of the steep rugged mountain peaks, all of the local villages and communities are coastal communities that fringe the island and are connected by paved roads. Travel around Kosrae island is not difficult and it is possible to drive from one end of the island to the other end in approximately two hours of easy driving. The inner part of the island is characterized by high steep rugged mountain peaks, with Mount Finkol being the highest point of Kosrae at 2,064 feet above sea level. The island is surrounded by low-lying reefs and mangrove swamps. The state is divided into the four municipalities of: Lelu, Malem, Utwe, Tafunsak. The community of Wailung (approximate population of 200) is part of Tafunsak municipality, is isolated and only accessible by a 1/2 hour boat ride at high tide. The capitol of Kosrae is Tofol where the majority of the government buildings and offices, the single high school, and the Kosrae Stae Hospital are located. Also part of Tofol are the offices of private businesses including the Continental Micronesia office, Bank of FSM, FSM Development Bank, two restaurants and one hotel.

The total population of Kosrae, based on the 2000 Census data, is 7,686 residents. Of this total population, 2,059 people reside in Tafunsak, 3,648 persons in Lelu, 743 in Malem, and 460 residents on Utwe. In assessing the age distribution of the population, 52% (3,997 persons) of the population is less than 20 years of age and of that group 1,026 (13%) are less than 5 years of

age. The population of women 15-44 years number 1,726 and comprise 45% of the total female population.

The State of Pohnpei consists of the main island of Pohnpei and eight smaller outer islands. The island of Pohnpei is rectangular in shape, is approximately 13 miles long and has a land mass of 129 square miles, and is the largest island in the FSM. The island itself is a high volcanic island with a central rain forest and a mountainous interior. The elevated interior has eleven peaks of over 2,000 feet with the highest peak, Nahnalaud at 2,595 feet above sea level. Pohnpei proper is encircled by a series of inner-fringing reefs, deep lagoon waters and an outer barrier reef with a number of islets found immediately off shore. The island of Pohnpei is subdivided into five municipalities of Madolenihmw, U, Nett, Sokehs, Kitti, and the town of Kolonia where the majority of the government buildings and offices, and the Pohnpei State Hospital are located. Of the outer islands of Pohnpei, to the south lies Kapingamarangi (410 miles from Pohnpei proper), Nukuor (308 miles), Sapwuahfik (100 miles), Oroluk (190 miles), Pakin (28 miles), and Ant (21 miles). To the east lies the islands of Mwoakilloa (95 miles) and Pingelap (155 miles). These outer islands together comprise a land mass of approximately 133 square miles and 331 square miles of lagoons.

The population of Pohnpei, based on the 2000 Census data, numbered 34,486 residents and is projected to reach 37,800 by the year 2003 and 48,700 by the year 2014. More than half (53%) of the population (18,194 persons) of Pohnpei are less than 20 years of age with the median age of 18.9 years. There are 7,713 women of child-bearing age between 15-44 years and they comprise 46% of the female population.

Travel on the island of Pohnpei proper is increasingly easier with the increased development and improvement of paved roads to outlying communities. However, because of scattered housing along secondary unpaved dirt roads, there are still many residents who have a difficult time in accessing health care. The outer islands are the most difficult to reach because of the infrequent and undependable cargo ships. The regular field trip on the ship takes place once a month to each of the outer islands bringing supplies and health personnel to deliver goods and services.

The State of Yap lies in the western most part of the Federated States of Micronesia. Yap proper is the primary area in Yap state and is a cluster of four islands (Yap, Gagil-Tomil, Maap, Rumung) connected by roads, waterways, and channels. Most of the coastal areas are mangrove with occasional coral beaches. The town of Colonia on Yap proper is the capital of Yap. The State of Yap has a total of 78 outer islands stretching nearly 600 miles east of Yap Proper Island of which 22 islands are inhabited. Although these islands encompass approximately 500,000 square miles of area in the Western Caroline Island chain, Yap state consists of only 45.8 square miles of land area. Most of the outer islands are coral atolls and are sparsely populated. The population distribution among these island based on the 2000 Census data are: Yap Proper with 52% (5,870 persons) of the population; Ulithi Lagoon has four inhabited islands (Asor, Falealop, Fatharai, Mogmog) with a population of 1,101 residents (9.8%); Wolaei is comprised of two lagoons (the West Lagoon and the East Lagoon) with five of the 22 islands inhabited with a population of 2,581 persons (23%); Fais, population 301; Eauripik, population 113; Satawal, population 531; Faraulep, population 221; Ifalik, population 561; Elato, population 96; Ngulu, population 26; and Lamotrek, population 339.

The total population of Yap state, based on the 2000 Census data, stands at 11,241 which is a 0.6% increase over the 1994 data. The Yap population comprises 10.5% of the total population of the Federated States of Micronesia. The median age for Yap is 20.9 years and is the highest median age among the fours states and comparatively higher that the median age of the FSM, which is 19 years. The age distribution of the population in Yap shows that 48.4% are under 20 years of age (5,438 persons); there are 2,775 women between 15-44 years of age, the child-bearing years which is 48% of the total female population.

Similar to the Island of Pohnpei, transportation on Yap Proper is becoming easier because of the

development and improvement of paved roads; however, there are clusters of villages that are still difficult to access because of unpaved dirt roads. The outer islands are also difficult to reach because of the infrequent cargo ships. The regular field trip on the ship takes place once a month to each of the outer islands bringing supplies and health personnel to deliver goods and services.

Within the FSM, the health care delivery environment differs for each of the four states and depends on the availability of resources, the geography of the state, and the extent to which the health care system has been de-centralized - as recommended in the 1995 FSM Economic Summit. The center of each State's health system is the hospital. Each contains an emergency room, outpatient clinics, inpatient wards, surgical suites, dialysis unit, a dental clinic, a pharmacy, laboratory and X-ray services, physical therapy services, and health administration offices which includes an office for data and statistics. In addition to these acute care services, the Public Health clinic services are provided either within the same facility as the hospital or in a separate facility on the grounds of the hospital. These central hospitals are located on the island of Weno in Chuuk state, in the municipality of Lelu in Kosrae state, in Kolonia on the island of Pohnpei, and in Colonia on the island of Yap Proper. These hospitals and its services are directly accessible only to residents of the urban (state) centers. For residents who live on the lagoon islands or the outer islands, access is more difficult because of the lack of public transportation between the islands. In addition to these centralized facilities for both medical care and public health services, each of the four states are in the process of decentralizing the system to be able to provide health care services in outlying and remote areas. The State of Chuuk and the State of Yap both have dispensaries in the outer islands as part of the Primary Health Care Division that are served by health assistants. Only the basic of health care services are available in these sites and consultation with medical personnel at the hospital is necessary for more complicated medical care. The State of Pohnpei and the State of Kosrae are extending services into the communities through the improvement and expansion of community-based dispensaries which are served by medical and health personnel from the public health programs who travel to these out-lying dispensaries either on a daily basis or several times a week to provide services.

Other indicators that have an impact on the health status of the MCH population in the FSM are the level of poverty among the population. In the State of Yap, in the 2000 census, of the 2,030 households, 1,578 reported some cash income with a median household income of approximately $6,484 and a mean household income of $10,344. By region, the median household income was $7,299 in Yap Proper and about $4,242 in the outer islands. During this reporting year, over 50% of the population aged 15 years and over reported receiving cash income. These 3,254 income recipients represented 62% of the 5,174 persons in the working age population. The median individual income for Yap was $3,368 with individual income on Yap Proper higher that income in the outer islands. Out of the total 2,030 households in FSM, 77% (1,578) reported having cash income with an average income of $10,344 and a median income of $6,489. This represents half of a percent (.5%) increase from the 1994 Census. However, there is still a disparity of income level among the Yap proper population and the outer island population. The average household income in Yap proper is $11,462 with a median income of $7,299 where as in the outer islands the average household income is $4,900 with a median income of $4,242. In Chuuk, 6,385 reported having cash income with an average income of $9,627. The median income is $2,778. This level of income is higher for the lagoon island households than the outer island households. Compared this to the 1994 Census for Chuuk, this represents a 5.6% increase. For Pohnpei, there were 5,067 households with cash income. The average income was $11,249 and the median was $6,345. As in all outer islands situation, the income level for the Pohnpei outer island households compared to the households on the main island is three times lower. In Kosrae, 97% (1,059/1,087) of the total households have some kind of cash income. Out of these 1,059 households, the mean household income is $12,407 and the median is $7,528. Compared to the 1994 Census, this represents a 3.8% change or increase in median income. Essentially, the FSM is still the Title V Grantee of this program. Many of the features of its services before are still the same.

The State Title V Agency is in the FSM National Government, which is physically located at

Palikir on the island of Pohnpei, six miles away from Kolonia, the center of the state government, and the major commerce and business center of Pohnpei state. The national government, patterned after the U. S. democratic government, has three branches - The Executive Branch, The Judiciary, and the Legislative Branch. The three branches of the government were re-organized in January 1998. This re-organization merged the former Departments of Health, the Department of Education, and the Historic Preservation and Archives Program into a new Department of Health, Education and Social Affairs (HESA).

Other indicators that have an impact on the health status of the MCH population in the FSM are the level of poverty among the population. In the State of Yap, in the 1994 census, of the 1,925 households, 1,426 reported some cash income with a median household income of approximately $6,000 and a mean household income of $8,300. By region, the median household income was $6,700 in Yap Proper and about $3,800 in the outer islands. During this reporting year, about 50% of the population aged 15 years and over reported receiving cash income. These 3,401 income recipients represented half of the 6,754 persons in the working age population. The median individual income for Yap was $3,509 with individual income on Yap Proper higher that income in the outer islands. //2006// //2007// No change or addition//2007//

//2008// No change or addition//2008// //2009// No change or addition //2009// ***//2010// No change or addition //2010//***

B. Agency Capacity

//2006// This year there have been several changes at the national and state levels in the leadership of the MCH and CSHCN Programs. At the National level, Mr. Marcus Samo assumed the position of Assistant Secretary of Health and Mr. Dionis Saimon, Program Manager for Family Health Services and Non-Communicable Diseases section became the new National MCH Coordinator. The MCH Coordinator for Kosrae State accepted a new position as the Chief, Division of Public Health. Currently she is running the MCH Program, on a day-to-day basis, in addition to her oversight responsibility of the other programs at Public Health. The MCH Coordinator position for Kosrae will be advertised soon. The Pohnpei State MCH Coordinator also accepted another position as the Public Health Nurse Supervisor and the CSHCN Coordinator left the CSN program for the immunization program. Currently, two other Public Health Staff have been appointed to take after the programs on a day-to-day basis. Both positions are being advertised and we hope to fill them soon. A replacement MCH Data Clerk was hired early this year in Chuuk after the MCH Data Clerk left the job to go back to school. The National MCH Program is in the process for a recruiting a CSHCN Physician. The position has been advertised and we hope to fill it by the beginning of next fiscal year. The MCH Coordinator for Kosrae State was hired in February and then resigned in June to accept another job in Majuro, Marshall Islands. The Kosrae State Chief of Public Health, the previous MCH Coordinator, is taking after the program on a day-to-day basis. Kosrae State is in the process of recruiting a new MCH Coordinator. Pohnpei State hired a new CSHCN Coordinator and a new MCH Coordinator in September 2005. A full time CSHCN Physician was hired in November 2005 and was detailed to Chuuk State because of the size of the CSHCN population and the reality of the situation in Chuuk. Also this year, the MCH and CSHCN Coordinators attended the PBILC in Saipan, Commonwealth of the Northern Mariana Islands and the MCH Coordinators attended the APNLC in Honolulu. The Third Annual MCH and Special Education Joint Conference was held in Kosrae this year, during which time the staff from both programs come together and discussed ways or areas in which they could collaborate, integrate and partner up in order to improve services for children with special health care needs. Also, during the meeting the results of the CSN Survey and the needs assessment were presented. //2006//

//2007// The CSHCN Coordinator from Kosrae attended a PacRim meeting in Honolulu in March 2006. The MCH Coordinators from the four FSM States attended the 2006 Pacific Basin MCH/Family Planning Annual Conference in Majuro, Marshall Islands in May this year. The

National MCH Coordinator and the MCH Coordinator from Kosrae State, who just resigned, attended the 2006 AMCHP Meeting in Arlington, VA. in March 2006. All MCH Coordinators from the four FSM States attended the Annual Association of Pacific Nurses Leadership Conference (APNLC) in Majuro, Marshall Islands during the month of June this year. //2007//

//2008// Kosrae State hired a new MCH Program Coordinator last year. This year, the CSHCN Coordinator for Kosrae State resigned and recruitment for her replacement is underway. Also, Kosrae State has adverised for a Nutritionist and we hope to fill both positions by October 2007. The MCH data clerk from Pohnpei resigned last year and a replacement data clerk has been hired and working in Pohnpei State. The MCH dat clerk for Yap State also resigned this year, and recruitment for a replacement data clerk is underway. We hope to fill the position by October 2007. The MCH program Coordinators from all four FSM States attended the MCH Adolescent Health Leadership and Title X Family Planning Annual meetings in Palau during May this year. The MCH program coordinators from the four states also attend the Pacific Basin Interagency Leadership Consortium (PBILC) Conference in Kosrae during the month of June this year. //2008//

//2009// After the General Election in November 2007, Donal Post, an American become the new Director of Health Services for Kosrae State. Mr. Post replaced Mr. Arthy Nena, who is now working for the FSM Department of Health and Social Affairs, coordinating the Bioterrorism Program. The CSHCN Coordinator and School Health Nurse in Kosrae remain vacant due to shortages of nurses and the New Director's insistence on not to hire nurses who do not speak Kosraen. One person was certified for the Nurtritionist position, however, she rejected the offer after the salary was lowered from what was initially approved in the grant application. The lowering of the salary was based on Kosare State's own internal financial control mechanism due to decreased number of working hours for state government employees during the day. Kosrae State is currently working on a 64 hour work week. During the month of May 2008, the National MCH Program Coordinator visited Kosrae State and met with the Director of Health Services, Chief of Public Health, and the State MCH Program Coordinator in an attempt to break the impasse and fill the vacancies. It was agreed, during the meeting, that the Department will recruit retired nurses to free up some of the clinical nurses so the CSHCN Program Coordinator and School Health Nurse postions could be filled. An agreement was also reached to share cost for the existing Nutritionis working for the department so she could allocate time for the MCH program as well. The MCH Data Clerk for Chuuk resigned in December 2007 and a replacement clerk has been selected. Processing of Personnel Actions is underway and she is expected to begin working this month, July 2008. Although the Data Clerk Position was vacant for some time, the director was able to assign another staff to track the data elements needed to complete the MCH data matrix necessary for the MCH Block Grant Application. This year, the MCH program Coordinators from all four FSM States attended the Pacific Basin Title X Family Planning Annual meetings in Pohnpei during May and also attended the American Pacific Nurses Leadership Conference in Guam during the month of June. Also in May this year, the four FSM states MCH Program Coordinators, Family Planning Program Coordinators, MCH Data Clerks, and few key staff attended the FSM MCH/FP Annual workshop, which ran back-to-back with the Annual Title X Family Planning Conference. During the 2008 FSM Annual Workshop, updates from the 2008 AMCHP Meeting was presented, new State Negotiatied Performances were identified, ways to procure and distribute medical supplies in a timely manner was discussed, carry-over funds and discussion on other program and financial issues. //2009//

//2010//The CSHCN Coordinator and School Health Nurse positions in Kosrae remain vacant due to shortages of nurses and the New Director's insistence on not to hire nurses who do not speak Kosraen. Although, the CSHCN Coordinator and School Nurse Positions have been vacant for sometime now, the MCH Program Coordinator has been performing the duties of the CSHCN Coordinator and the Public Health Nurses are providing services to the schools as part of their outreach activities. The Nutritionist for the MCH Program in Kosrae has been hired. The Nutritionist is the only certified nutritionist in Kosrae State and she has been providing Nutrition Education and Counseling for pregnant mother, breastfeeding mother, and caretakers at Public

Health and the Main Hospital. A replacement MCH Data Clerk for Chuuk was hired in July 2008. Although the Data Clerk Position was vacant for some time, the director was able to assign another staff to track the data elements needed to complete the MCH data matrix necessary for the MCH Block Grant Application. This year, the MCH program Coordinators from all four FSM States attended the Pacific Basin Title X Family Planning and MCH Annual meetings in Saipan, Commonwealth of the Northern Marian Islands during the month of May and also attended the American Pacific Nurses Leadership Conference, also in Saipan during the month of June. Also in June this year, the four FSM states MCH Program Coordinators, CSHCN Program Coordinators, MCH Data Clerks, and few key staff attended the FSM MCH Annual workshop in Yap State. During the FSM MCH Annual Workshop, updates from the 2009 AMCHP Meeting was presented, review of the National Performance Measures, State Negotiatied Performances, Outcome Measures, and other indicators that FSM is required to report on each year for the bureau. Specifically, the FSM MCH Program staff reviewed and discussed the common Numberators and Denominators to be used for each data element and also discussed outcomes or achievement on each of the Measures and Indicators. In reiew of the the State Negotiated Perofrmance Measures, the FSM MCH Staff decided to drop or Inactivate the Measure on "DMF" because they felt it was difficult to track and it was also recommended during last year's review that FSM dropped it. The MCH Program staff also carried out a Needs Assessment on Infant Mortality to see how best FSM States can address and alleviate the growing problem of high rates of Infant Mortality. Finally, the program staff discusses the budget especially hugh amount of carry-over funds each year. The FSM MCH Staff agreed that they would plan out their expenses throughout the four quarters instead of waiting and try to spend everything during the third and fourth quarters. They also agreed to work closely with State Finance Offices to ensure that funds are spend in accordance with approved workplans and federal guidelines. // 2010//
An attachment is included in this section.

C. Organizational Structure

//2006// No Change or additions. //2006//

//2007// The Maternal and Child Health Program is one of the five (5) programs (Title V MCH, Title X Family Planning, UNFPA Family Health Project, Diabetes and Hypertension and Nutrition) under the Family Health Services and Non-Communicable Diseases Section in the Division of Health Services. The section is headed by a Section Chief, who is the National MCH Program Coordinator. A proposal to restructure this section is in place to separate the Diabetes and Hypertension and Nutrition Programs into another section. The restructuring plan will provide more opprortunity for better institutional organization and focused oversight and management of program activities. //2007//

//2008// The plan to divorce or separate the Non-Communicable Diseses (NCD) and Family Health Services Sections within the Division of Health Services has been endorsed by the Secretary of HESA this year. However, the National MCH Program Manager continues to play the role of Section Chief for both section until a program manager for the NCD section is hired. Plan is underway also, to abolish the current Department of Health, Education and Social Affairs (HESA) and create two new departments; Department of Health and Department of Education. This proposal is pending approval of the National Congress. //2008//

//2009// During October 2007, the FSM Department of Health, Education, and Social Affairs (HESA) was split into two departments; the new Department of Education and Department of Health and Social Affairs (H&SA). Dr. Vita A. Skilling becomes the new Secretary for the FSM Department of Health and Social Affairs. The Non-Communicable Diseases (NCD) unit became a new Section under the Division of Health and a new Program Manager was hired. The separtation of the NCD unit from the Family Health Services Section does not impede with program planning and activity implementation as the programs continue to collaborate; the separation, however, allows the National MCH Program Manager more time to oversee the MCH

program. //2009//
//2010// No Change or addition. //2010//
An attachment is included in this section.

D. Other MCH Capacity

//2006// There are 36 positions to be funded under the Title V Program in the FSM as follows; 14 in Chuuk State, 6 in Kosrae, 7 in Pohnpei State, 7 in Yap and 2 at the National Government. The MCH Coordinator for Kosrae State accepted a new position as the Chief, Division of Public Health. The position is currently vacant, however, it will be advertised soon and we hope to fill it during this fiscal year. The Pohnpei State MCH and CSHCN Coordinator positions are also vacated, however, the positions have been advertised and we hope to fill them as well during this fiscal year. The position for the CSHCN Physician has been advertised and we hope to fill it by the beginning of the fiscal year. //2006//

//2007// There are 33 postions to be funded under the Titile V Program in the FSM in 2007 as follows; 12 in Chuuk State, 5 in Kosrae State, 6 in Pohnpei State, 7 in Yap State and 3 at the National Government. The MCH Coordinator Posisiton in Kosrae State is currently vacant, however, recruitment process is in progress and we hope to hire a replacement coordinator during this fiscal year. The Kosrae State Chief of Public Health is coordinating the MCH Program on a day-to-day basis. A planning and evaluation committee for the MCH Program in the FSM will be created and core members include; the Assistant Secretary for Health, the National MCH Program Coordinator, NCD Epidemiologist, four (4) State Directors of Health Services, four (4) State MCH Coordinators, four (4) State CSHCN Coordinators and the CSHCN Physician. Other collaborating agency representatives are members, however, their membership will be on "as needed" basis. The planning and evaluation committee for the MCH Program in the FSM has been formalized, with the four (4) Chiefs of Public Health Services added to the committee.//2007//

//2008// The MCH Coordinator Position in Kosrae State is now being filled. There are 35 positions to be funded under the Title V, MCH Program in the FSM as follows; 14 in Chuuk State, 6 in Kosrae State, 6 in Pohnpei State, 7 in Yap State and 2 at the National level. //2008//

//2010// The MCH Data Clerk Position in Chuuk State is now being filled as well as the Nurtritionist Position in Kosrae State. There are 35 positions to be funded under the Title V, MCH Program in the FSM as follows; 11 in Chuuk State, 5 in Kosrae State, 7 in Pohnpei State, 9 in Yap State and 3 at the National level. //2010//

E. State Agency Coordination

//2006// No change or additions//2006//

//2007// At the State Level, the MCH Program is organizationally part of the Primary Health Care Services Division (Public Health Services) which also includes the Family Planning Program, the prenatal care program, the Immunization Program, the HIV/AIDS Prevention Program, mental health services which includes the alcohol and substance abuse programs, School Health Program, the NCD (non-communicable diseases - hypertension, diabetes) Program, and the Tuberculosis and Leporsy Program. Because all of these programs and services are under the supervision of the Chief of Primary Health Care Services Division, coordination services among these programs is possible. At the National Level, the MCH Program is organizationally part of the Family Health Services and Non-Communicable Diseases Section (Division of Health Services) which also includes the Title X Family Planning Program, UNFPA Reproductive Health, Sexual Health and Family Planning Project, Non-Communicable Diseases (hypertension and diabetes) and Nutrition. Becuase all of the programs are under the supervison of the National MCH Program, who is the Section Chief for Family Health Services and Non-Communicable

Diseases section, coordination of these programs and collaboration with othe programs is possible.//2007//

//2008// As the result of the new organization of the Division of Health Services, the Immunization and Communicable Diseases section was split into two sections and the Family Health Services and Non-Communicable Diseases section was also split into two. All other sections remain the same. Although two of the former sections were split up, coordination and collaboration of these programs are possible//2008//

//2009// No Change or Additions. //2009//

//2010// No Change or Additions. //2010//

F. Health Systems Capacity Indicators

Introduction

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	95.9	38.6	40.8	21.5	21.1
Numerator	138	57	59	28	27
Denominator	14391	14783	14449	13042	12791
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

The rate of children hospitalized with Asthma was slightly increased to 40.8/10,000 in 2006 from 38.6/10,000 in 2005. Statistically, this is insignificant considering the size of the population of the FSM. The state programs reported that they continue to educate mothers on importance of nutrition, impact of first-hand smoking and second-hand smoking including healthy eating practices and habits.

//2009// The rate of children hospitalized with Asthma was decreased to 21.5/10,000 in 2007 from 40.8/10,000 in 2006. The state programs reported that they continue to educate mothers on importance of nutrition, impact of first-hand smoking and second-hand smoking including healthy eating practices and habits. All the states showed improvements; Chuuk reported a decrease in 2007 to 8.3/10,000 from 11/10,000 in 2006. Pohnpei reported a decrease in 2007 to10.6/10,000 from 16.8/10,000 in 2006. Kosrae reported a decrease in 2007 to 165.7/10,000 from 336/10,000 in 2006 and Yap reported the most significant decrease in 2007 to 7.2/10,000 from 72.5/10,000 in 2006. //2009//

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	1	1	1	1	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
Not applicable to FSM.

Notes - 2006
Medicaid is not applicable to the FSM.

Narrative:
Not applicable to FSM. FSM is not eligible for Medicaid.
//2009// Not applicable to FSM. FSM is not eligible for Medicaid. //2009//

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	100.0	100.0	0.0	0.0	
Numerator	1	1	0	0	
Denominator	1	1	1	1	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
Not applicable to FSM.

Notes - 2006
Not applicable to FSM.

Narrative:
Not applicable to FSM. FSM is not eligible for the SCHIP program. However, FSM has a government owned Insurance program (MICARE), and most of the people enrolled are Government employees who can afford to pay for Insurance. Most parents who are enrolled in the program have their children covered. This year, 1609 children are enrolled or covered in the MICARE Insurance Program.
//2009// Not applicable to FSM. FSM is not eligible for the SCHIP program. However, FSM has a

government owned Insurance program (MICARE), and most of the people enrolled are Government employees who can afford to pay for Insurance. Most parents who are enrolled in the program have their children covered. This year, 111 children under the age of one are enrolled or covered in the MICARE Insurance Program. Out of the 111 children, 31 either or both parents work for the government and 80 none of the parents work for the government (private). //2009//

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	39.2	45.6	55.9	55.2	41.7
Numerator	629	735	546	520	383
Denominator	1603	1611	976	942	919
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2007
Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

Narrative:
Although FSM did not meet the minimum 80% required visits, there is improvement in 2006 of 55.9% from 45.6% in 2005. This may have resulted from FSM's efforts in conducting comprehensive health education session in schools and communities about the importance of prnatal care and also encouraging women to come in for prenatal care earlier.

//2009// Although FSM did not meet the minimum 80% required visits, the data for 2007 was relatively the same as it was in 2006; at about 55%. All the states reported decreases except for Yap, which increased from 14.1% in 2006 to 55.1% in 2007. This may have resulted from Yap's on-going efforts in conducting comprehensive health education session in schools and communities about the importance of prenatal care and also encouraging women to come in for prenatal care earlier. The creation of the Community Health Centers may have contributed to the positive outcome, as well. Next year, FSM will be using the WHO Index, which requires four prenatal visit per year. //2009//

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	NaN	0.0	0.0	0.0	

Numerator	0	0	0	0	
Denominator	0	1	1	1	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
Not applicable to FSM.

Notes - 2006
Not applicable to FSM.

Narrative:
FSM is not eligible for Medicaid. Not applicable to FSM. Numbers are dummies and should be ignored.
//2009// No Change //2009//

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	100.0	0.0	0.0	0.0	
Numerator	1	0	0	0	
Denominator	1	1	1	1	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
Not applicable to FSM.

Notes - 2006
Not applicalbe for FSM.

Narrative:
The EPSDT program is not available in the FSM. Not applicable to FSM. Numbers are dummies and should be ignored.
//2009// No change. //2009//

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	1	1	1	1	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

Notes - 2008
Not applicable to FSM.

Notes - 2006
Not applicalbe to FSM.

Narrative:
FSM lacks the facility capability to perform such services. Not applicable to FSM. Numbers are dummies and should be ignored.
//2009// No Change. //2009//

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of low birth weight (< 2,500 grams)	2007	payment source from birth certificate	0	0	7

Narrative:
FSM is not eligible for Medicaid therefore part of this indicator is not applicable to FSM. For non-Medicaid, however, the percent of live births weighing less than 2,500 grams decreased to 8.7% in 2006 from 15% in 2005. This means that more healthier babies are being born in 2006. Public Health counseling and education services are focusing on recommended nutrition for pregnant mother during and after pegnancy. On-going education and counseling session on the use of alcohol and tobacco and tobacco products may have also contributed to this positive outcome.

//2009// The percent of live births weighing less than 2,500 grams remains the same this year as it was last year; at 8%. This shows that Health counseling and education services are focusing on recommended nutrition for pregnant mother during and after pegnancy including the use of alcohol and tobacco and tobacco products may have also contributed to this positive outcome. //2009//

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Infant deaths per 1,000 live births	2008	payment source from birth certificate	0	0	17

Narrative:
The infant mortality rate for the FSM decreased to 11.2 in 2006 from 39 in 2005. This may be the result of on-going education and counseling session on recommended nutrition for mothers during and after pregnancy. Also, on-going education and counseling sessions on hamful effects of alcohol and tobacco use may have contributed to this positive outcome.

//2009// The infant mortality rate for the FSM increased from to 11.2/1000 in 2006 to 20.6/1000 in 2007. Despite the on-going education and counseling session on recommended nutrition for mothers during and after pregnancy, including the hamful effects of alcohol and tobacco use, the rate increased. Chuuk reported an increase from18/1000 in 2006 to 28.5/1000 in 2007; Pohnpei reported an increase from 2/1000 in 2006 to 11/1000 in 2007; Kosrae reported no infant deaths while Yap reported and increase from 18/1000 in 2006 to 33/1000 in 2007. //2009//

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2008	payment source from birth certificate	0	0	40.4

Narrative:
In 2006, the percent of infants born to pregnant mothers receiving prenatal care beginning in the first trimester was decreased to 19.8% from 26.1% in 2005. Having pregnant women come in for prenatal care during the first trimester has always been problematic for the FSM. Some reasons behind the delay include tranportation problem, no significant health problem, and not knowing the importance of coming in early. In order to overcome these problems, the MCH Program staff, in collaboration with other Public Health programs, have intensified their health education sessions in the schools and communities in an effort to sensitize couples (both women and men) so more pregnant mothers can come in for prenatal during the first trimester.

//2009// The percent of infants born to pregnant mothers receiving prenatal care beginning in the first trimester was increased from 19.8% to 30.3% in 2007. Having pregnant women come in for prenatal care during the first trimester has always been problematic for the FSM. The FSM MCH Program is currently doing health education sessions in the schools and communities, targetting

women of childbearing age, to encourage more women to come in, thus improve birth outcomes. In Chuuk increased from 22% in 2006 to 27.2% in 2007. Pohnpei increased from 13.2% in 2006 to 35.8% in 2007. Kosare increased from 24% in 2006 to 25.5% in 2007. Yap reported a decrease from 35% in 2006 to 26% in 2007. //2009//

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2008	payment source from birth certificate	0	0	48.1

Narrative:
FSM has never reached the expected 80% requirement. However, the trend for the past three years was optimistic as we continue to improve on this indicator with 55.9% in 2006, 45.6% in 2005 and 20.1% in 2004. We will continue to educate and counsel mothers in our clinics as well as increasing our outreach activities to ensure that all mothers received the expected number of visits, hence improve birth outcomes.

//2009// FSM has never reached the expected 80% requirement. However, since 2004 FSM continues to improve, gradually, on this indicator. FSM's coverage for 2007 was relatively the same as it was in 2006, at 55%. All the states reported decreases, except for Yap, which reported an increase from 14.1% in 2006 to 55.1% in 2007. FSM will adopt the WHO Index next year. //2009//

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Infants (0 to 1)	2008	
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Infants (0 to 1)		

Notes - 2010
FSM is not eligible for Medicaid therefore this indicator is not applicable to FSM.

Notes - 2010
Not applicable to FSM. FSM is not eligible for SCHIP.

Narrative:
FSM is not eligible for Medicaid and SCHIP. Not applicable to FSM. Numbers are dummies and should be ignored.
//2009// No change. //2009//

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Medicaid Children (Age range to) (Age range to) (Age range to)		
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Medicaid Children (Age range to) (Age range to) (Age range to)		

Notes - 2010
FSM is not eligible for Medicaid therefore this indicator is not applicable to FSM.

Notes - 2010
Not applicable to FSM. FSM is not eligible for SCHIP.

Narrative:
FSM is not eligible for Medicaid and SCHIP. Not applicable to FSM. Numbers are dummies and should be ignored.
//2009// No change. //2009//

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Pregnant Women	2008	
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Pregnant Women		

Notes - 2010
FSM is not eligible for Medicaid therefore this indicator is not applicable to FSM.

Notes - 2010

Not applicable to FSM. FSM is not eligible for SCHIP.

Narrative:
FSM is not eligible for Medicaid and SCHIP. Not applicable to FSM. Numbers are only dummies and should be ignored.
//2009// No change. //2009//

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	3	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	2	No
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	2	No
Annual birth defects surveillance system	2	No
Survey of recent mothers at least every two years (like PRAMS)	2	No

Notes - 2010

Narrative:
The FSM MCH Program has some access to Policy and Program relevant information however we lack the electronic database to analyze the data.
//2009// No Change //2009//

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No

Notes - 2010

Narrative:
The Youth Risk Behavior Survey (YRBS) has not been carried out in the FSM. We have requested funding through the SSDI grant to contract a contractor to assist FSM with the YRBS in 2008.
//2009// No data available. //2009//

IV. Priorities, Performance and Program Activities

A. Background and Overview

//2006// A CSN Survey was completed in January 2005 and the FSM-wide Needs Assessment Survey was completed during April 2005. (A copy of the report on the survey is attached)

The purpose of the CSN Survey was twofold: (1) to collect enough information so that the FSM MCH Program would be able to respond to the new five performance measures and (2) that the FSM MCH Program, while conducting the survey, also collects other pertinent information that were not normally collected by its supporting partners such as Special Education Program or Head Start Program to better understand how children were served and how the programs could improve their services.

Totaling eleven pages in length, the questionnaire was designed to contain both open-ended and close-ended questions. The questionnaire was designed to elicit responses toward understanding the demographic characteristics of the children with special health care needs, their functional health status, access to care, coordination of care by their providers and caretakers, how satisfied the caretakers were with the services their children received from providers, the impact of caring for their children on the rest their family, and their ability to pay for services for their children in terms of health insurance.

The specific questions were derived after reviewing what information the FSM MCH Program and its local agency partner (FSM Special Education Program) would need to know in order to improve its services. The CDC SLAITS survey that the MCH Programs in the US states normally conducted on the telephone was reviewed for guidance, but it was felt impractical to conduct it in the FSM because of logistical problems and the fact that access to telephone is limited.

The actual data collection included a face-to-face interview with the parents of the CSHCN where each parent was asked to respond to the questions asked by the interviewer. The interviewers were staff from both the MCH Program and the Special Education Program.

After designing the questionnaire, each of the FSM states had a chance to pilot the questionnaire to test how long it would actually takes to complete it as time was a key consideration. A training was also provided by the FSM MCH National Program to each of the FSM states before conducting the survey to make sure interviewers, who were both the MCH Program staff and the FSM Special Education Program staff, understand what each of the question was meant to ask.

In addition, each parent who concurred to participate in the survey gave a written consent and vouched by the interviewer.

For the bigger FSM states (Chuuk and Pohnpei) it was decided to target at least 30% of each of the FSM states' total number of registered CSHCN while for the small FSM states (Yap and Kosrae), it was decided to target the total number of registered CSHCN.

EpiInfo 2000 was used to enter the data and generate statistical tables. Two data clerks from the FSM Department of HESA both entered the data on two separate PCs and then merged both files for cleaning and analysis.

This survey provides some preliminary information for the Title V Block Grant Agency (the Federated States of Micronesia) to be able to report on the five new performance measures now required. Though the design is different from a random dialing system survey normally used in the U.S. states, the design of the survey was appropriate in the FSM circumstances after considering numerous challenges and barriers.

This survey not only provided the needed information, but it also established a true partnership

among the MCH Title V Program staff and the other agencies such as Special Education and Head Start that also serve the same population.

The findings suggest that the users of services provided by the programs not only need to be improved but were not available during the times they needed them.

In April this year, the FSM MCH Program conducted a five-years needs assessment. The purpose of the needs assessment exercise was to assess the progresses made during the past project cycle at the same time assist us to determine what priorities FSM should address during the next five years. The needs assessment activities involved review of the National Performance Measures, National Outcome Measures, Health System Capacity Indicators, State Negotiated Performance Measures and the State Outcome Measures. Workshops were conducted through out the four FSM States to facilitate such review. In depth review of the MCH Data Matrix was conducted in order for us to gauge the progresses made on each of the parameters based on the National Performance Objectives benchmarks.

The group used a "Reaching Consensus Exercise" model, adopted from a prioritizing exercise during the 2005 AMCHP Conference, to come up with a priority list. A listing of the MCH Service areas was also adopted and
used. The format used in deciding on the issues included presentations, whole group work and discussions, small group work and discussions and delineation exercise.

The findings suggest that there remained some deficiencies for each of the population groups and for the appropriate level of service within the MCH Program in the FSM. Although there may be varying fluctuations by state for the corresponding indicators, there has not been any significant improvement since the last needs assessment in 2000. The trends are more or less stabilized when analyzing the data based on a three year running average. //2006//

//2007// We are unable to respond to the first 6 National Performance Measures in 2005 because we did not conduct a CSHCN Survey last year. However, we plan to carry out another survey next year to enable us to better respond to the first 6 measures. The next survey will continue to address those questions asked during the 2005 CSHCN Survey, with emphasis on the outcomes of the survey results. Based on the 2004 FSM Wide Needs Assessment, the findings suggested that there has not been any significant improvements for each of the population groups and for the appropriate level of services within the MCH Program in the FSM since the last needs assessment in 2000. Although there were several fluctuations (increases/decreases) for some of the data elements reported, when the data was alnalysed based on a three year running average, the trends were more or less stabilized. //2007//

//2008// A CSN Survey was completed for Pohnpei State in May 2007. This was the same Survey that was conducted throughout the FSM States in 2004. The only difference with this year's survey in Pohnpei was that it included all children with special needs instead of randomly selecting the sample to be surveyed. (A copy of the report on the survey is attached) //2008//

//2009// Yap State is currently doing a CSHCN Survey. This is the same Survey that was conducted throughout the FSM States in 2004 and also conducted in Pohnpei last year. The Survey is expected to be completed later this year and results presented next year. Next year Kosrae State will conduct the Survey. //2009//

//2010// FSM decided not carry out any Survey this year, however plans to conduct a survey next year as part of the Needs Assessment in preparation for the submission of the 5 year grant application. //2010//

B. State Priorities

//2006// DIRECT HEALTH CARE SERVICES - The MCH Program in the four FSM states continues to provide a large segment of the direct health care and enabling services for the maternal and infant population. The assessment of services for pregnant women for 2004 shows 24.7% of the women received early prenatal care, a slide decline from 2002 and 2003 when 32.4% and 30.8 % received early care respectively. For those women who do initiate care, 28.7% receive adequate care, 39.2% receive intermediate care, and 30.4% receive inadequate care as measured by the Kotelchuk Index of Adequacy of Prenatal Care. The nutritional status of pregnant women has been a problem; however, there is no formal documentation of the problems. Informal surveys of hematocrit levels of pregnant women in Chuuk state show that approximately 50% of the women have low hemoglobin that require treatment. In 2004, 34.7% of the women that were screened had low hemoglobin. There is a need to improve the adequacy of prenatal care by encouraging early prenatal care and continuous prenatal care. Although there may be a small increase in the number of women who received prenatal care, by and large, there is still a great number of pregnant women who did not receive prenatal care. In 2002, less than 29% of all those women who gave birth received prenatal care. Of all these those who received prenatal care only have had adequate prenatal care as determined by the Kotelchuk Index.

Of the infants born in 2004, 6.7% were low birth weight, 0.5% were very low birth weight and 42 infants died for an infant mortality rate of 17.5/1000 which is slightly decline from the 2003 IMR of 22.6/1000, however, running the 3 Years Average, FSM: shows some fluctuation but remain in the same level. 2003 IMR of 22.6/1000, the 2002 IMR of 15.8/1000, and the 2001 IMR of 21.8/1000.

SP#8 - Percent of pregnant women screened for low hemoglobin (maintain)
SP#6 - Percent children identified with developmental problems (New)
SP#7- Comprehensive Health Education in Schools and Communities (New) //2006//

//2007// DIRECT HEALTH CARE SERVICES - The MCH Program in the four FSM states continues to provide a large segment of the direct health care and enabling services for the maternal and infant population. The assessment of services for pregnant women in 2005 shows 26.1% of the women received early prenatal care, an increase from 2004, which was 24.7. The total live births for FSM in 2005 was 2,441. Of this, 71 or 2.9% were low birth weight live births and 8 or 0.3% were very low birth weight live births. The data showed that FSM was able to reduce the percentage of low birth weights and stablized the percent of very low birth weight births. The data also reflected a relatively good educational program on nutrition for pregnant mothers in the FSM, which contributed to the decrease in the percent of pregnant women screened with anemia to 46.3 in 2005 from 89.6 in 2004. The neonatal mortality rate was reduced in 2005 to 9.4 from 13.3 in 2004 and infant mortality was also reduced to 16 in 2005 from 17.4 in 2004. Although the adequacy of prenatal care as measured by the Kotelchuck Index may be considered low for the FSM, birth outcomes have improved in 2005 as compared to in 2004. In 2007, FSM will track the following performance measures: (Please refer to the State Negotiated Performance Measures for the Federated States of Micronesia). //2007//

//2008// The assessment of services for pregnant women in 2006 shows 19.8% of the women received early prenatal care, a decrease from 2005, which was 26.1. The total live births for FSM in 2006 was 2,325. Of this, 203 or 8.7% were low birth weight live births. The data also showed that 13/4834 or 0.3% of pregnant women were smoking during the last three months of pregnancy. Although this number deem small, all state programs reported that many more pregnant women were chewing betel nuts with cigarettes during the last three months of pregnancy. FSM Priorities will remain the same. //2008//

//2009// FSM Priorities will remain the same. //2009//

//2010// No Change or Additions. //2010//

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	80	0	85
Annual Indicator	100.0	100.0	0.0	0.0	
Numerator	1	1	0	0	
Denominator	1	1	1	1	
Data Source					
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	87	90	80	80	80

Notes - 2008
//2010// Not Applicable to FSM. FSM lacks the capability to carry out metabolic screening. Numbers are dummies so please ignore them. However, FSM plans to meet with the othe Pacific Island Jurisdictions, like Palau, Guam, CNMI to find out what they are doing for this Performance Measure. If it is feasible, FSM might engage in an overseas contract to get this screening done overseas, similar to what FSM is doing for the reading of Pap Smears. //2010//

Notes - 2006
Not applicable to FSM.

a. Last Year's Accomplishments
Not Applicable. FSM lacks the capacity to conduct such screening.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Not Applicable. FSM lacks the capacity to conduct such screening.	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Not Applicable. FSM lacks the capacity to conduct such screening.

c. Plan for the Coming Year
Not Applicable. FSM lacks the capacity to conduct such screening.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	80	20	80	80	85
Annual Indicator	62.0	100.0	76.4	100.0	92.5
Numerator	173	1	146	1	1159
Denominator	279	1	191	1	1253
Data Source					Public Health Records
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	95	95	95	95	100

Notes - 2008
//2010// The data provided is based on our best estimate. FSM plans to carry out a follow-up survey next year to find out if families are satisfied with the services. However, parents are the decision makers when initiating care plans for their children. Every time a special child came to the clinics, parents are the first one to decide what they want the service providers to do for the special child. Care plan forms are provide to parents and after counseling, screening, assessing the child and the parents then consents are obtained to carry out the services. After 6months to a year then the care plans are reevaluated to see if the parents satisfied with the services provided. Currently CSN and Special Ed programs are conducting parental workshops to make the parents know the importance of their partner in decision making.//2010//

Notes - 2007
FSM did not conduct a CSHCN Survey in 2007. Numbers are dummies so ignore.

Notes - 2006
Pohnpei State conducted a CSN Survey in April and May this year. The Survey Questionnaire and report is atttached under "State Overview" Other MCH Capacity.

a. Last Year's Accomplishments
//2010//Chuuk State did not provide data on this Performance Measure. Meanwhile, Kosrae State reported that 33 out of 38 or 86% of families with CSHCN were partners in decision making and are satisfied with the services they receive. Pohnpei State reported 283 out of 286 or 98.9% were partners in decision making and are satisfied with the services they receive. Yap State reported 51 out of 101 or 41.2% were were partners in decision making

and are satisfied with the services they receive. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM will conduct a CSHCN Survey along with the Needs Assessment next year to better respond to this measure.		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010//Chuuk State did not provide data for the Performance Measure. However, Kosrae State is doing their own survey of families with CSHCN who come for assessments and re-evaluations to find out how they feel about the services that they receive. In Pohnpei parents are involved in the evaluation, planning and decision making in the IEP and the IFSP of their children with special needs. In Yap State, 1) Coordinator for CSHN hired 2) Training of 3 nurses + 2 physicians 3) Shriners Team visiting Yap- total number seen 4) 1 visit to O.I. island, 4clients re-evaluated, 9 new 5) Weekly CSHN clinic every Wednesday AM 6) CSHN consultant did evaluation; reviewe registry… had some removed(total in registry now 125 7) CSHN clients from O.I. brought in to see specialists(Dr. Singer& Shriners visit 41 seen). After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

c. Plan for the Coming Year

//2010// Chuuk State did not provide data on this Performance Measure. Meanwhile, Kosrae State reported that 33 out of 38 or 86% of families with CSHCN were partners in decision making and are satisfied with the services they receive. Pohnpei State reported 283 out of 286 or 98.9% were partners in decision making and are satisfied with the services they receive. Yap State reported 51 out of 101 or 41.2% were were partners in decision making and are satisfied with the services they receive. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	70	60	70	70	70
Annual Indicator	57.0	0.0	76.9	0.0	81.2
Numerator	57	0	40	0	1017
Denominator	100	1	52	1	1253
Data Source					Public Health

					Record
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	85	85	90	90	90

Notes - 2008
//2010// MCH/CSN programs are working with the chiefs of staff and the nurses to assure that the protocols for the CSHCN program are followed as well as the referral process to the assessment and re-evaluation. Currently there is a designated physician in place, and for some states there is an alternate physician, which means that there are two physicians ready to see the CSHCN clients who will come to the hospital or even at home who need services. //2010//

Notes - 2006
The data came from the CSN Survey conducted in Pohnpei this year.

a. Last Year's Accomplishments
//2010// All States reported on this National Performance Measure except Chuuk. Pohnpei reported 100% of children with special health care needs received coordinated , ongoing, comprehensive care. 100% of all the children registered in the Pohnpei State CSHN Program have access to medical services. Pohnpei do not have facilities to accommodate children with special need, the children stayed home with the parents because the parents are the main caretakers and have a role in managing their conditions. Kosrae State reported 33 out of 38 or 87% of children with special health care needs received coordinated , ongoing, comprehensive care. Kosrae surveyed (using their own survey) families with CSHCN who come for assessments and re-evaluations. Yap State reported 6 out of 125 or 5% received coordinated , ongoing, comprehensive care. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. FSM will conduct a CSHCN Survey along with the Needs Assessment next year to better respond to this measure.		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010// All States reported on this National Performance Measure except Chuuk. In Pohnpei, RSAs, Special Education nurses and the CHSN nurse regulary visits the children with special health care needs who are homebound. The Pohnpei Interagency Council is maintaining their current officers, despite the fact that they ammended the Bi-Laws and MOU (memorundom of understanding) and waiting to be signed, in order to ensure on-going services for the special health care needs population. Currently, Kosrae State continues to survey families with CSHCN who come for assessments and re-evaluations. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

c. Plan for the Coming Year

//2010// All States reported on this National Performance Measure except Chuuk. Pohnpei plans to continue its collaborative efforts in providing service to the children with special needs that are home-bound on a regular base. To continue to improve services to children with special needs and their families, continue to improve the special needs service tracking form, and continue to work with Department of education to revive and strengthen the interagency council with MOU by Directors signed. Kosrae plans to expand the survey to the communities and try to survey all CSHCN families. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	15	22	25	30	60
Annual Indicator	20.1	0.0	36.1	0.0	67.0
Numerator	56	0	109	0	839
Denominator	279	1	302	1	1253
Data Source					Public Health Record
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	70	80	80	85	90

Notes - 2008

//2010// FSM has a government owned Health Insurance Scheme (MICARE) for the government employees. Parents who are covered under the scheme also have their

children covered under their policies. Those children whose parents do not work for the government and have no insurance policies are not covered. The FSM MCH/CSHCN Programs are providing counseling and education programs to parents regarding the importance of insurance. In the FSM, a child cannot be denied health care simply because they do not have insurance. However, having insurance is very important for those children with special conditions which require referral to overseas hospitals in Hawaii or the Philippines. Having some insurance policy will assist to expedite the referral process. Those without insurane may be referred by the respective State Hospitals but will have to wait until funding is available. The State MCH/CSHCN Programs are collaborating with Women Groups, government and non-governmental organizations, to include the topic of importance of Insurance in their community outreach activities. //2010//

Notes - 2006
The data came from the CSN Survey conducted in Pohnpei State this year.

a. Last Year's Accomplishments
//2010// All of the FSM State MCH Programs reported on this Performance Measure except for Chuuk. Over all, FSM reported that about 26% of children with special health care needs age 0 to 18 their families have adequate insurance to pay for the services they need. Pohnpei State reported 95 out of 311 children or 31% have insurance. 100% of all the children registered in the Pohnpei State CSHN Program have access to medical services. Pohnpei does not have facilities to accommodate children with special need they stayed home with the parents because the parents are the main caretakers and have a role in managing their conditions. Kosrae State reported 18 out of 38 children or 47% have insurance. Yap State reported 8 out of 125 children or 6% have insurance. Yap reported that all MCH clients seen during weekly clinics are free of medical/medicine charges, except off-island referral. All of the FSM State MCH Programs have weekly clinics for children with special health care needs at the main Public Health Clinic and schedule of visiting for home bound clients. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM will conduct a CSHCN Survey along with the Needs Assessment next year to better respond to this measure.		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
//2010// In Pohnpei, the RSAs, Special Education Nurses and the CSHCN nurse are visiting home bound children with special health care needs and providing services at their homes. The Pohnpei Interagency Council recently revised their Bi-Laws and MOU to better accommodate the needs of children with special health care needs. The Director of Health Services has yet to sing the document. In Yap, a total of 31 CSHN clinics have been held this year and all MCH clients seen at the weekly clinics receive free services, including medicines. The Yap MCH Program is currently doing weekly CSHCN clinics at the

Community Health Centers, working with Special Education and parent groups to negotiate free medical referral services for CSHCN clients, working with Special Education program to provide transport for Outer Island children to attend clinics by off-island specialists. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

c. Plan for the Coming Year

//2010// Pohnpei State plans to continue its collaborative efforts with the Special Education and ECE RSAs in providing service to the children with special needs that are home-bound on a regular base. Pohnpei plans to continue to improve services to children with special needs and their families and continue to improve the special needs service tracking form. The Pohnpei MCH Program plans to continue to work with Department of education to strengthen the interagency council. Yap plans to continue with its weekly CSHN clinics at Public Health and the Community Health Centers, to continue collaborating with Special Education program to provide transport for Outer Island children to attend clinics by off-island specialists, and modify clinic forms to record/track clients who have private and/or public medical insurance. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	50	30	35	40	60
Annual Indicator	14.0	0.0	34.8	0.0	82.7
Numerator	38	0	108	0	1036
Denominator	272	1	310	1	1253
Data Source					Public Health Record
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	85	90	90	95	95

Notes - 2008

//2010// Each FSM State has a committee represented by the parents, teachers, health, education, and state leaders in each community so this committee at the community level will report whatever needed to the upper level. Each committee member is known to all CSN parents in order for them to know who to contact when there is a need. //2010//

Notes - 2006

The data came from the CSN Survey conducted in Pohnpei State this year.

a. Last Year's Accomplishments

//2010// All of the FSM State MCH Programs reported on this Performance Measure except for Chuuk. Over all, FSM reported that about 80% of children, their parents reported the community-based services are organized so they can easily use them. Pohnpei reported 234 out of 260 children or 90%, their parents reported the community-based services are organized so they can easily use them. Kosrae reported 33 out of 38 children or 87%, their parents reported the community-based services are organized so they can easily use them. Yap reported 52 out of 101 children or 50%, their parents reported the community-based services are organized so they can easily use them. Each FSM State has a physician, normally a trained pediatrician, who is assigned to take care of CSHCN Clients in their respective states. The National CSHCN Physician, who is based in Chuuk, also traveled to the other States to provide technical assistance. Pohnpei and Chuuk States have private clinics (Pohnpei has 3 and Chuuk has 2) to which CSHCN Clients are also referred, if the parents can afford the cost of services. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM will conduct a CSHCN Survey along with the Needs Assessment next year to better respond to this measure.		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010// The FSM State MCH Programs are working very closely with the State CSHCN Physicians and Private Clinics' physicians so special consideration and courtesy can be extended to the CSHCN clients when they visit the clinics. This year all State MCH Programs reported that more and more parents expressed their satisfaction with the much decreased waiting time in order for their children to receive services. Kosrae is currently surveying families with CSHCN who come for assessments and re-evaluations. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

c. Plan for the Coming Year

//2010// The Yap MCH Program plans to revise their medical forms to include documentation on parents' comments/issues and include in CSHN manual. Yap plans to have quarterly meeting of Interagency Committee to discuss issues, and to request the National CSHCN Physician to conduct refresher courses for the CSHCN Physician in Yap. Kosrae plans to expand their survey to the communities and try to survey all CSHCN families. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	40	20	25	30	60
Annual Indicator	17.0	0.0	66.7	0.0	69.5
Numerator	44	0	132	0	871
Denominator	259	1	198	1	1253
Data Source					Public Health Record
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	70	75	80	85	90

Notes - 2008
//2010// So far Health care provide services starting from birth all the way to death but for Special education they start from 5 yrs up to 21yrs only and so far services continued and we are trying to put more effort to prepare the youths for transition. Since FSM does not have government established or supported transition programs, the transition process is being undertaken by the respective parents in the Micronesia way. Transition, in this respect, is to prepare the children with special health care need with skills to do certain things on his/her own. However, in the FSM, children having special conditions are considered "very special" and they stay with parents, other siblings, and close relatives as long as they live. //2010//

Notes - 2006
The data came from the CSN Survey conducted in Pohnpei State this year.

a. Last Year's Accomplishments
//2010// All of the FSM State MCH Programs reported on this Performance Measure except for Chuuk. Over all, FSM reported that about 48% of youths with special health care needs received the services necessary to make transition to all aspects of adult life. This is a challenging Measure for FSM because FSM does not have special services or programs available locally to support transitioning into adult life. However, the State MCH Programs decided to provide data based on their work experience and the number of youths who attended local program to prepare them for adult life. Pohnpei reported 135 out of 283 children or 48%, of youths with special health care needs received the services necessary to make transition to all aspects of adult life. Kosrae reported 18 out of 38 children or 47%, of youths with special health care needs received the services necessary to make transition to all aspects of adult life. Yap reported "0" or no youths with special health care needs received the services necessary to make transition to all aspects of adult life. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM will conduct a CSHCN Survey along with the Needs Assessment next year to better respond to this measure.		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010// The FSM States CSHCN staff, State RSAs, Special education and Early Childhood Education staff, CSHCN Physicians, Private Physicians, State Interagency Councils, Parents groups and all health, education and social organized groups in the FSM are supporting youths with special health care need to better transition into adult life. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

c. Plan for the Coming Year

//2010// The FSM MCH program will continue working with the State Health programs, Education Programs, State public and private organizations, and parent and community support groups to continue providing supportive services to youths to help them better transition into all aspects of adult life. After the MCH Grant review in Honolulu, Chuuk state revised and submitted their data for this measure. //2010//

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	80	50	60	70	80
Annual Indicator	79.2	82.5	60.0	68.8	63.4
Numerator	2478	2486	1751	1860	1616
Denominator	3127	3015	2917	2703	2548
Data Source					Immunization data/Census
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

	2009	2010	2011	2012	2013
Annual Performance Objective	90	95	95	100	100

a. Last Year's Accomplishments

//2010//Overall, the Immunization coverage for children through age 2 was decreased in the past year. Although, there were variations by state coverage, the percent was so small that it may have no significance statistically. Coverage by State are as follows: In Chuuk, this performance measures increased from last year by 8% due to several improvement and effort of the Program activities. There were more outreach activities to the outer islands as well as the lagoon islands last year. For Pohnpei, the 2008 coverage decreased by about 26% from that of the last year. The Immunization Program can not access the outer islands because the Field Trip Ship is having problem and cannot service to the outer islands. Pohnpei immunization program, in the previous years, report complete coverage Dpt 4, Polio 4,MMR 2, HBV 3 and Hib1,2,or 3. During this reporting period, with the requirement of reporting 3 Hib shots, this really effect our coverage because most 2 years old have either one or two shots of Hib not all three. For Kosrae, the percentage increased from 99% in 2007 to 100% in 2008. Immunization clinics in the communities were done every Mondays at the four villages and one Tuesday in Walung. The central clinic is every Wednesday. This is the schedule that Kosrae followed throughout the year. Yap State reported an increase to 98% in 2008 from 94% in 2007. Activities that contributed to the increase included weekly Wellbaby clinics conducted at PH where babies are Immunized, and Public Health staff and community health workers being sent out into the communities to find and bring children who missed appointments.//2010//

An attachment is included in this section.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide walk-in immunization at the center.	X	X		
2. Increase Out-reach clinic schedules and do daily tracking by noncompliance clients.	X	X	X	
3. Ensure the availability of Vaccines in the Clinic.	X			
4. Develop IEC materials on important of immunization.				X
5. Increase number of outreach services to the remote islands			X	
6. Increase number of children to be vaccinated	X			
7.				
8.				
9.				
10.				

b. Current Activities

//2010// Curently, Chuuk State MCH Program had been working collaboratively with the Immunization Program in doing outreach activities; however we need to increase number of visits to the lagoon islands. The Immunization Program at National Government chartered the Patrol Boat at Palikir and use for Public Health Staff to increase their

outreach visits to the outer islands of Chuuk. Some of the Health Assistants in the lagoon islands were able to vaccinate the children in their community which add to the increase of children vaccinated. Currently, Pohnpei State MCH Program is doing more Health Education in the communities regarding the importance of immunization. Increasing Out-reach clinic schedules and do daily tracking by noncompliance clients. Providing walk-in immunization at the center and providing immunization at the dispensaries and private clinics. Currently, Kosrae State Immunization program and well baby clinic add on Fridays to the Immunization schedule therefore more children are coming in and we see an increase in the immunization coverage. In addition vaccines were in stock all throughout the year. In yap, thus far 2 trips have been made to the to Outer Islands by ship, 2 trips to Outer Islands by PMA Plance, and 9 batch orders for community health workers to visit parents whose children missed immunizations. All these activities are aimed at improving Yap's immunization coverage. //2010//

c. Plan for the Coming Year

//2010// In Chuuk, because of the slight increase from 50% to 57.9% , the Public Health Division is working collaboratly with the Dispensary Office to re-train the Health Assistants in lagoon and Outer Islands to vaccinate the children in their community. This approach will increase the coverage of the two years old whom will complete their immunization. Immunization is one of the Program at Public Health that merge with the Dispensary Division in the consolidated strategies and services. MCH and Immunization will ensure that supplies and vaccines will be provided to the Health Assistants to update each child vaccine according to the schedule. The Pohnpei State MCH Program plans to continue to increase the awareness on the importance of immunizing children, to increase the immunization coverage by providing daily immunizations at the walk-in clinics at the Primary Health, OPD and the private clinics on the island. Also at the dispensaries, will work closely with the community health assistants to give immunization daily not just on certain days only and continue to do outreach in the communities and to tract the incomplete list provided by the CASA program. The Kosrae State MCH Program plans to maintain the Immunization schedule for Mondays and fridays and keep their supplies in stock all the time. The plan for Yap is to continue visiting the Outer Islands even more, and continue using the Community Health Workers to support immunization services for the 2 year olds. //2010//

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	18	40	50	50	40
Annual Indicator	30.9	15.0	17.2	21.1	15.4
Numerator	118	123	98	109	76
Denominator	3816	8211	5711	5170	4951
Data Source					Birth Certificate/Census Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and					

2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	40	30	30	20	20

a. Last Year's Accomplishments

//2010// Over all, there has been some improvement in the FSM for this Measure in 2008. However, the island culture of allowing teenagers to get married at an early age may have contributed to the high number. Below are the State programs specific rates and some activities that were implemented last year. In Chuuk State, the Teens birth rate for FY 08 decrease to 5 from 18 in 2007. There was abstinence education and youth awareness on the risk of Teenage pregnancy in the community and also in the School, and there is a Youth Center that continues to train the youth peer counselors to educate youths regarding teenage pregnancy issues. In Pohnpei State, the teenage birth rate was increased from 30 per 1000 in 2007 to 44 per 1000 in 2008. Issues that contributed to the increase include, girls at the age of 16 can be legally married, the adolescent Multi Purpose Center is not really accessible to all teenagers and have limited space for needed activities, growing number of out-of-school youths; in the FSM Elementary graduates must pass a high school entrance exam in order to attend high school, and there is not much program or project to address the needs of out of school young adults. In Kosrae State, the rate of birth for teenagers decrease from 9/1,000 in 2007 to 0/1000 in 2008. Activities contributed to this achievement included educating teenagers through workshops and conferences by the MCH program staff which started at the beginning of the school year in each of the Municipality and at the schools. In Yap, the Teens birth rate for FY 08 decrease to 15 from 39 in 2007. The decrease in the teenage birth rate was due to decreased teen births in the neighboring islands due to increased outreach by Public Health Staf and community Health Workders. //2010//

An attachment is included in this section.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Develop IEC materials on prevention of Teen Pregnancy.				X
2. Work with the High School on health curriculum to include adolescent's health.				X
3. Provide Contraceptive Methods to the Teenagers.	X			
4. Work with COM Peer Educators in counseling skills for discouraging youths in engaging in sexual activities.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010// In Chuuk, there is an Adolescents Wellness Center located at COM Land-Grant that provides health services to the youths in the communities. The MCH Programs collaborates with other Public health programs, like HIV/AIDS and NGO's like Chuuk women's Association to reach out to the youths in the communities on adolescence issues. There is a Youth Center in Place staffed by Peer Educators to educate the youths on Teenage issues and the MCH program is very active in working with them. Currently, Pohnpei State has relocated the Adolescent multi-purpose to a place with bigger space (Pohnpei Fitness Center) and accessible to the Public. The clinic is opened every day of the week. Staffs are available as scheduled and necessary supplies are available. Development and dissemination of pamphlets on importance of delaying pregnancy is on-going. The AHD and Family Planning programs aim to increase contraceptive users by 5% over the next year. Currently, Kosrae State is doing one-to-one counseling and education to every senior students who came for pre-college work up. Kosrae also provides counseling and education to first visit prenatals and premarital. Kosrae's Community and school education program is on-going. In Yap, the MCH Program in collaboration with the Family Planning program continue to delivered more contraceptives including Emergency birth control package to the Neighboring Islands to combat teen pregnancy.//2010//

c. Plan for the Coming Year

//2010// The Chuuk MCH Program plans to continue its effort to reach out to the youths in the community on the issues for Teen Pregnancy or other risk behavior. There is a plan that Reproductive Health will established through the collaboration between all the Public health Programs as MCH/Family Planning, HIV/Aids, STI and also to include the COM Health Center. We are planning to provide contraceptives to all the Youth Clinics in the community and increase awareness of the Problem of Teenage pregnancy to all the youths. The MCH Program works very closely with the nurse at the COM Health Center to educate the youth and provide contraceptives to the students. For Pohnpei State, the plan is to maintain current activities, and in addition, to develop dramas and plays on issues relating to youth and pregnancy, nutrition and health for the peer educators to perform or do radio spots as a collaborative effort of AHD, Family planning and MCH. The plan for Kosrae is to continue with the expansion of educating the young generation to provide more public awareness on teens pregnancy and the negative aspects of early pregnancies. For Yap, by the end of the year, the teen birth rate will be decreased by another 5%. Also, the 16 Neighboring island dispensaries will be stocked with contraceptives including Emergency Contraceptives. More Awareness and promotion activities on birth control methods are also planned for the coming year. Meetings with policy makers addressing teen pregnancy is also planned for next year. //2010//

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	35	65	70	75	75
Annual Indicator	59.7	40.7	37.6	64.4	39.7
Numerator	1812	825	1185	1479	857
Denominator	3036	2029	3149	2296	2157
Data Source					Dental Program/Dept. of Eduction Data
Check this box if you cannot report the					

numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	75	80	80	90	90

a. Last Year's Accomplishments

//2010// Although FSM has good collaboration between the State MCH Programs and Dental Health Programs to assure that enough supplies were available to provide protective sealant for the children, some uncontrolable situations occured at state level that contributed to the downward trend for this measure last year. Specific of the problems are highlighted below. In Chuuk, there is a big drop from 58% in 2007 to 25% in 2008. The big drop last year was due to the problem of electricity. Dental Staff are not able to provide this services to the students because they need power to do the sealants. The problem of electricity has improved somehow and we are hopeful that our covrage will imporve in the years to come. In Pohnpei, seven schools were visited and a total of 989 students were seen and received service from the team. Out of 989 students 679 of them received sealant, 119 received Fluoride Varnish and 82 received Silver Fluoride Varnish. Pohnpei coverage reflects a decrease from 53% in 2007 to 38.4 in 2008. In Kosrae, The percent of 3rd graders who received sealants increased from 88.5% in 2007 to 96% in 2008. The dental team actually go along with the MCH mobile team every Monday to each municipality to do dental activities and visit all the schools and do sealants to 3rd graders and above. In Yap, the precent of third graders who received protective sealants reduced from 77% in 2007 to 18% in 2008. In Yap, the number did not include 3rd grade children from the Neighboring Islands as reports from those islands is still a problem. There was less visit by the Dental Health staff to the neighboring islands. //2010//

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. MCH Program to ensure continuation of budget support.		X		
2. Dental Staff to increase number of schools to visits.	X			
3. Dental Staff to continue ordering sealants supplies.		X		
4. Continue providing protective sealants to school children.	X	X	X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010//Since the problem of electricity has improved somhow, the Chuuk MCH Program and Dental Division are working together to ensure the continuation of budget to order enough supplies for the sealant program. In Pohnpei, the MCH program is strengthen

School Health Program in the Elementary Schools by continuing the regular dental school visits, monitoring of dental supplies, improving dental health among pre-school children (Initiate and or enhance dental education, tooth fluoride varnishing at the well-baby clinic by Dental staff(s), Providing Dental Education to the Communities, and Providing Dental Services at the Dispensaries. In Kosrae, the dental and the MCH mobile teams are visiting the municipalities every Monday to do dental activities and visit all the schools and do sealants to 3rd graders and higher classmen. In Yap, the MCH Program is working closely with the dental program in an effort to provide sealant services in the outer islands as well as getting the reports in time so the data can be reported.//2010//

c. Plan for the Coming Year

//2010//The MCH Program both at the National and State will work collaboratively with the Dental Division to continue supporting the sealant program financially. Weno is the Center for Chuuk State and only place that have electricity and the rest of the students in the lagoon islands and the outer islands do not receive this services. The plan for Pohnpei is to maintain activities as well as increase the number of third graders visits in schools.Continue to improve dental health among pre-school and school children. The plan for Kosrae is to continue with the team work and maintain the supplies and materials need to provide services for sealant. For Yap, the plan to train dispensary managers in Neighboring Islands to provide dental sealants was never materialized and we are seriously looking for ways to make sure it happens during the next year. The MCH Program is working with the administation to increase dental visit to the outer island and to enforce the policy regarding reports from the Neighboring Islands. //2010//

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	6.5	7.5	7.5	7	6
Annual Indicator	6.9	16.2	0.0	0.0	5.1
Numerator	3	7	0	0	2
Denominator	43693	43172	40809	40339	39066
Data Source					Vital Statistics/Census Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	5	4	3	1	1

a. Last Year's Accomplishments

//2010//All of the FSM reported "0" or no deaths to children aged 14 years and younger in 2008, except Pohnpei, which reported 2 deaths. The State MCH Programs had been collaborating with the department of Public Saftery, Traffic Division, for strict enforcement of trafic laws. This might have contributed to the positive outcome in 2008. //2010//

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Continue education on safe driving.		X		X
2. Public Safety to toughen law on age of driving.		X	X	
3. The SAMH Program will continue doing public awareness on alcohol and drunk driving.		X	X	
4. Department of Public safety to continue enforcing traffic laws.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010//All FSM State MCH Programs are currently working very closely with the Department of Public Safety, Trafic Division, to continue enforcing trafic laws to prevent motor vehicle related deaths. //2010//

c. Plan for the Coming Year

//2010//All FSM State MCH Programs plan to continue collaborating with the Department of Public Safety, Trafic Division, to continue enforcing trafic laws to prevent motor vehicle related deaths.//2010//

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			75	80	85
Annual Indicator		69.1	73.6	74.9	73.2
Numerator		1091	1545	1428	1500
Denominator		1579	2098	1907	2048
Data Source					MCH Program Data/Birth Certificate
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					

Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	90	95	95	100	100

a. Last Year's Accomplishments

//2010//Over all, the FSM State MCH Programs reported at decrease of 1.7% for this performance measure in 2008; a slight decrease from 74.9% in 2007 to 73.2% in 2008. All the state MCH Programs reported a decrease for 2008 and the details are as follow. Chuuk reported a decrease from 90.6% in 2007 to 86% in 2008. The MCH Program continue to track this performance and women continue to breastfeed their baby up to six months old. There is a drop by 4% due to the increase of mothers going to deliver in other places outside Chuuk State and came back with their baby place them on formula. Pohnpei reported a decreased from 78.9% in 2007 to 73% in 2008. The problem in Pohnpei include record keeping, manpower, mothers not fully understand what exclusive breastfeeding means (only breast milk nothing else) and that mothers tends to start feeding their babies before 6 months of age. Kosrae State reported an increased from 49.5% in 2007 to 73% in 2008. The breastfeeding support group worked at their perspective areas in the communities with their schedules, duties and responsibilities. The decrease may be the result of lack of financial support (funding ran out) toward the end of 2008. Yap State also reported an increase from 35% in 2007 to 54% in 2008. This might be the result of Yap State's adoption of a Baby Friendly Hospital Initiative and encouraged for all pregnant and breastfeeding mothers. //2010//

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Financial support to the women group.	X			
2. Baby Friendly Hospital Initiatives.		X	X	
3. Training women in the community regarding breastfeeding.				X
4. Development of IEC materials on breastfeeding.		X		X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010//The Chuuk MCH Program is continuing supporting the Breastfeeding Support Group in the community who are certified to provide education to the breastfeeding mothers. There is ongoing training and follow up training once a year in August during breast-feeding month for these 25 women in the different island communities. Among these breastfeeding support group women, there are Traditional Birth Attendants who are doing home delivery. We had identified them and trained them at the Hospital for Safety deliveries, neonatal care. Current activities for Pohnpei include, explain to mothers what exclusive breastfeeding means, giving breastfeeding education during prenatal clinic, postpartum clinic, and at the well-baby clinic. Disseminate education materials regarding the advantages and benefits of breastfeeding during prenatal clinic. Encourage postpartum women to continue breastfeeding their babies until they are 6 months old. Do breastfeeding awareness at all dispensaries. In Kosrae, the four breastfeeding support group members are continuing with their work and responsibilities. They worked at the communities four days in a week to monitor babies or breastfeed babies age 0-6 months at the villages. In Yap, the economic down-turn prompted many more mothers to opt for

exclusive breastfeeding. //2010//

c. Plan for the Coming Year

//2010//The Chuuk MCH Program plans to continue monitor this performance and to support this financially. It is important to increase the number and identify those women who perform well and maybe the Program can give them award or recognition for doing good performance in the community. Since this performance is a successful for the program, we are planning to contract some of these women who are certified and work very hard to continue doing the work in the community. MCH program will support these women by funding them on a contract basis. The plan for Pohnpei is to develop pamphlets on benefits and advantages of Breastfeeding, continue to do Health education regarding the benefits and advantages of breastfeeding during prenatal, post partum, and well-baby clinic. Continue Providing breastfeeding counseling during prenatal, post partum and well-baby clinic. Explaining to mothers what is meant by exclusive breastfeeding, and conduct workshops to the Health Assistants to encourage them to disseminate information regarding the importance of exclusive breastfeeding in the communities and community based-clinics. The plan for Kosrae is to continue with the current services and maintain the salaries of the four support group members to work closely with the OB nurses to make sure that breast feeding initiates the first hour after delivery. The plan for Yap is to do CME sessions on exclusive --BFHI-breastfeeding to CHCs staff and Public Health staff, develop radio spot on benefits of exclusive breastfeeding, to be aired quarterly, Immediate utilization of well baby educational flip charts in all clinics, at Public Health, CHCs and Outer Islands, and quarterly audits by QA Coordinator of well baby charts/new born charts to ensure manuals are followed. //2010//

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	0	0	0	0	0
Annual Indicator	100.0	0.0	0.0	0.0	0.0
Numerator	1	0	0	0	0
Denominator	1	1	1	1	1087
Data Source					Birth Certificate/Vital Statistics
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	80	85	90	100	100

Notes - 2008
Last year FSM applied and received funding from HRSA to conduct Newborn Hearing Screening. This year, the four FSM States are doing Newborn Hearig Screening. Data on Newborn Hearing Screening will be provided next year.

Notes - 2006
Not applicable to FSM.

a. Last Year's Accomplishments
//2010// FSM got funded from HRSA last year (2008). Newborn Hearing Screening started this year (2009) in all four FSM States. Data will be reported in next year's submission. No data to report for last year. //2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM States are doing Newborn Hearing Screening at the main Hospital.	X	X	X	
2. Hearing equipments have been purchased.	X	X		
3. Additional equipments and supplies will be purchased.	X	X		
4. Education materials will be developed for screeners and parents.		X		X
5. Addition staff will be trained to screen.	X	X	X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities
//2010// Newborn Hearing Screening started this year and is on-going in all FSM States. Data on lost to follow up and late onset is being collected. //2010//

c. Plan for the Coming Year
//2010// All MCH Programs will continue to screen, collect data, and reports will be provided next year. //2010//

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	10	10	10	10	9
Annual Indicator	89.2	58.5	91.2	90.6	73.4
Numerator	32306	30080	46644	46963	38337
Denominator	36215	51383	51166	51824	52215
Data Source					MCH Program Data/Census Data
Check this box if you cannot report the numerator because					

1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	8	8	7	5	5

Notes - 2007
In the FSM, everyone, including children are accessible to health care. No person can be denied medication or health care simply because s/he does not have money or cannot pay. This means that FSM has universal coverage in the health system. Additional coverage may be added with the purchase of a Health Insurance Policy.

a. Last Year's Accomplishments
//2010// In the FSM, everyone, including children are accessible to health care. No person can be denied medication or health care simply because s/he does not have money or cannot pay. This means that FSM has universal coverage in the health system. Additional coverage may be added with the purchase of a Health Insurance Policy. Over all, FSM is showing a 17.2% decrease for 2008. This means that more child have enrolled in some form of health insurance in 2008. Chuuk, Kosrae and Yap States reported increases while Pohnpei's data for 2008 remains as it was in 2007. Detail State's reports is as follow. In Chuuk there is still an increase from 58% in 2007 to 64% in 2008 of children that are not cover by the Chuuk State Health Insurance. The increase has to do with the State Reform that many employees were out of job and many of our children are not insure. In Pohnpei, only about 15% are insured, however, every children from age 18 and under can receive medical services regardless of whether the child has insurance or not. Kosrae shows an increase to 75% in 2008 from 63% in 2007. Yap is showing a modest increase to 86% in 2008 from 85% in 2007. //2010//

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Women groups to promote importance of Health Insurance during Worl Population day and International Women's Week.		X	X	
2. Educate and counsel pregnant mothers about importance of Health Insurance during prenatal service and well baby clinic.	X	X	X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
//2010//The National MCH Program and the State MCH Programs are working closely with the State Insurance Programs and MICARE, only government owned Insurance Company in the FSM, for more accurate data. The State MCH Programs are working with parents through clinics and other community sponsored activities to advocate for parents to secure Insurance for their children. In Chuuk, there are two existing Health Insurance Plan

for Chuuk the FSM Micare Insurance and the Chuuk State Health Insurance but the MCH Program has not been able to access to data from both of them. The MCH program staff are working with the management of the Insurance Programs so they can provide needed data for the MCH program. In Pohnpei, being insured depends on if one parent is employed. Part of Pohnpei State's counseling sessions is to encourage parents to get their children enrolled. Like Pohnpei, the Kosrae MCH Program staff are working with parents, through education and counseling sessions to get their children enrolled in the FSM insurance program. In Yap, the MCH Program staff continue to advocate enrolling in medical insurance at Post Partum and Well Baby Clinics. //2010//

c. Plan for the Coming Year

//2010//The FSM MCH Program is planning to continue with its efforts to convince more parents to enroll in some form of Insurance so their children can be covered. Neither the FSM Department of Health and Social Affairs nor the National MCH Program have control over the Insurance Programs. All of the four FSM States of Chuuk, Pohnpei, Kosrae and Yap plan to continue working with parents through education and counseling session to make sure more parents get their children insured. This is a on-going challenge for the MCH Program in the FSM. //2010//

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			10	15	30
Annual Indicator		100.0	0.0	0.0	12.7
Numerator		1	0	0	230
Denominator		1	1	1	1813
Data Source					Public Health Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	50	70	80	90	90

Notes - 2008
Not Applicable. FSM is not eligible for the WIC Program.

Notes - 2006
FSM is not eligible for the WIC Program. However, during the next reporting period FSM will be reporting on the number of 2-5 year olds with BMI at or above the 85th percentile. No data collected for this reporting period.

a. Last Year's Accomplishments

//2010// First part of this Performance Measure is not applicable to FSM, since FSM is not eligible for WIC. The second half, however, is applicable since BMI is taken at the well baby clinics. FSM stated in 2007 that data on this performance measure will be provide in 2008. Over all, FSM is reporting 200 out of 2,933 children with MBI at or above 85th percentile. Detail report by the State MCH Programs are as follow. Chuuk and Yap States reported "0" or no children in their states at or above 85th percentile, Pohnpei reported 15/599, and Kosrae reported 185/198. Yap reported that 100% of ECE children on main island Yap were screened including Seventh Day Advantist (SDA) K3 (School Health Program). Yap further reported that School Health activities were done on some islands in the Outer Islands but no reports were received.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. FSM is not eligible for WIC, therefore there are no activities for this measure.	X			
2. FSM States will collect data on Body Mass Index.		X	X	
3. Body Mass Index is taken during well baby clinic.	X	X	X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010//Only Yap State provided information on their current activities. Yap School health program continues to screen 100% of ECE children on the main island of yap. The School Health activities are also on-going in the Outer Islands with few reports received. //2010//

c. Plan for the Coming Year

//2010//Again, only Yap State reported on their plan for the coming year. The Plan for is to continue screening 100% of ECE children on the main island Yap and increase screeing in the Ourter Islands. The MCH Program staff will coordinate and collaborate with Outer Island dispensary supervisor and ECE staffs for 100% ECE coverage re school health, and recording and reporting of data. Public announcement and notices will be made through the Radio so people will be aware and prepare for the visits. The FSM National MCH Program will work closely with the State MCH and ECE Programs to ensure that accurate data is provided during the next reporting period and that detail list of past, present and planned activities are provided. //2010//

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			2.5	2.5	2
Annual Indicator		2.9	0.3	2.0	3.2
Numerator		71	13	45	70
Denominator		2441	4834	2283	2205
Data Source					Public Health Record/Vital Statistics
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	1.7	1.7	1.5	1	1

a. Last Year's Accomplishments

//2010// FSM reported an increase to 3.2% in 2008 from 2% in 2007. Chuuk and Yap States reported increase in the number of pregnant women smoking during the last three months of pregnancy, Pohnpei State reported a decrease and Kosrae reported 0. In Chuuk, the MCH Program worked with Mental Health Staff for educating mothers on the effects of smoking, and second hand smoking on the fetus. During prenatal clinic the staff continued to do health education to the mothers. In Pohnpei, the percent of pregnant women who smoke increase from 5.5% in 2007 to 9% in 2008. Concern remains that more women are chewing tobacco with betel nut than smoking. 4.9% smokes but 16.2% or 131 women are chewing tobacco excluding those that claimed stop when found out that they're pregnant. This is one problem we are tackling with the pregnant mothers. In Kosrae, the percentage of women who smoke in the last 3 months of pregnancy remain at 0% in 2008. Kosrae had been doing interviews, education, and counselling, as core of their activities last year. Yap also show an increase of 1.9% in 2008. In 2007 Yap State reported that no women were smoking during the last 3 months of pregnancy. //2010//

An attachment is included in this section.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**

1. Educate mothers in the clinic the side effects of smoking on the fetus.		X	X	
2. MCH staff will conduct health education to the First-Visit prenatal clients, regarding the impact of cigarettes smoking and the use other substances on pregnancy.	X	X	X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010//The FSM MCH Program is educating and counseling pregnant mothers on the risks that smoking may impose on the unborn fetus, including second-hand smoke. Education and Counseling sessions in the clinics and during outreach are on-going. In Chuuk, the MCH Program is working with the Mental Health Staff to educate mothers on the effects of smoking, and second hand smoking on the fetus. During prenatal clinic the staff continues to do health education to the mothers. In Pohnpei, once a week, the SAMH staff and MCH staff are doing health education to the First-Visit prenatal clients, regarding the impact of cigarettes smoking and the use other substances on pregnancy, doing radio program, community, school, and youth awareness and education on substance abuse especially tobacco use. Also informing the young parents of the availability of counseling at the SAMH program. Health Assistants will do health education to the First-visit Prenatal clients in the outlying clinics, on the effect of cigarettes and other substances on fetus. Kosrae is currently doing counselling, education and interviews as part of their on-going activities. Yap is doing Nutrition counseling during the weekly prenatal clinics at both Public Health(PH) and CHCs, working with the SAMH program to develop radio spots on tobacco use, and working with public safety for enforcement of sale of tobacco to minors. //2010//

c. Plan for the Coming Year

//2010//The FSM MCH Program plans to continue educating mothers about the risks on pregnancies associated with smoking. The FSM MCH Program plans to strengthen activities to reduce the number of pregnant mothers who are chewing betel nuts with cigarettes. Education materials will be developed to reinforce information disseminated during workshops. In Chuuk, the MCH Program plans to continue working with other Programs like Mental Health on development of IEC materials to increase the awareness of bad effects of smoking on the health of the mothers and the unborn babies. Pohnpei plans to continue doing or maintain their current activities in the coming year. Kosrae also plans to continue with the current services. Yap plans to continue doing weekly counseling during OB clinics at Public Health, CHC sites as well as in the Outer Islands. They also plan to develop educational programs for the local TV station, and produce pamphlets on use of tobacco for the youth population. //2010//

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	25	25	15	15	3
Annual Indicator	22.5	17.0	7.4	28.9	0.0
Numerator	3	3	1	4	0
Denominator	13357	17689	13503	13849	13944
Data Source					Vital Statistics/Census Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	3	2	2	1	1

a. Last Year's Accomplishments

//2010// The FSM State MCH Programs reported a suicide rate of "0" in 2008 compared to 28.9 in 2007. All States reported that there were no suicide deaths among youths ages 15 through 19. In Chuuk, the MCH program was working with the COM Staff talking to youths regarding self-esteem and the prevention of suicide problems. In Pohnpei, the MCH Program was doing youth counseling at the high school, expressing the importance of life, was also doing youth counseling on how to cope with stresses or depressions, and did peer counseling and awareness on issues relating to youth at schools and in the communities. Kosrae was doing counselling and education during precollege work/ups and also at school based activities workshops provided to youths in the communities. In Yap, the MCH program sponsored a summer camp for school children, run by US Pece Corps Volunteers. They also ran a Special Radio Show by 3 youths discussing virtues, wise quotes and songs relating to suicide, and annual school health program where SAMH staff provide counseling to youths throughout the scools in Yap. //2010//

An attachment is included in this section.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Conduct peer counseling and awareness on issues relating to youth at schools and in the communities.		X		
2. Continue to work with the youths to address the problem of suicide.		X	X	
3. Do youth counseling at the high school, expressing the importance of life.		X		
4. Do youth counseling on how to cope with stresses or		X	X	

depressions.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010//The FSM MCH Program is providing counseling sessions to youths on how to deal with depression and other issues that may lead them into commiting suicide. The FSM MCH Programs is also collaborating with the Substance and Mental Health Program for counseling on drug use, especially alcohol. Suicide in the FSM is often a result of drinking alcohol. In Chuuk, the MCH Program continues to work with the COM Staff to talk to youths regarding self-esteem and the prevention of suicide problems. In Pohnpei, the MCH Program is doing youth counseling at the high school, expressing the importance of life, also doing youth counseling on how to cope with stresses or depressions, and doing peer counseling and awareness on issues relating to youth at schools and in the communities. Kosrae State is conducting counselling and education as part of their on-going activity during precollege work/ups and also at school based activities workshops provided to youths in the communities.

Yap continues to carry out the activities that they did last year.//2010//

c. Plan for the Coming Year

//2010//The FSM MCH Program plans to increase the number of peer educators/counselors to deal with youth directly. It is believed that sometimes effective message for youths are communicated from their peers. Plan has been made to continue the current activities in the coming year. For Chuuk, the MCH Program plans to continue working with other Governmental Agencies and Non Government Agencies in the communities to educate youths regarding prevention of these problems. We will collaborate with the Youth Resource Center to address this issue. The Pohnpei MCH Program plans to continue doing youth counseling at the high school, expressing the importance of life, also doing youth counseling on how to cope with stresses or depressions, and doing peer counseling and awareness on issues relating to youth at schools and in the communities. Kosrae plans to continue with the current services and continue to collaborate with SAMHP and youth programs. Yap plans to continue doing what they are doing this year.//2010//

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0

Denominator	1	1	1	1	1
Data Source					Hospital Discharge/Birth Certificate
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	0	0	0	0	0

Notes - 2008
Not Applicable to FSM. FSM does not have facilities for high risk deliveries.

Notes - 2006
Not appliable to FSM.

a. Last Year's Accomplishments
//2010//Not applicable to FSM. FSM does not have facilities for high-risk deliveris. No acccomplishments.//2010//

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. FSM lacks facilities for high-risk deliveries. There are no activities for this measure.	X			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
//2010//Not applicable to FSM. FSM does not have facilities for high-risk deliveris. No current activities. //2010//

c. Plan for the Coming Year
//2010//Not applicable to FSM. FSM does not have facilities for high-risk deliveris. No plans for the coming year. //2010//

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	22	23	25	28	60
Annual Indicator	20.1	26.1	19.8	30.3	40.4
Numerator	486	637	461	696	854
Denominator	2415	2441	2325	2299	2113
Data Source					Birth Certificate
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	80	80	90	100	100

a. Last Year's Accomplishments

//2010//FSM reported an increase at 40.4% in 2008 compared to 29.3 in 2007. This increase may have direct relationship with the increasing number of workshops in schools and communities for women of childbering age.

In Chuuk, this performance increased to 51% from 25.3% in 2007. The increase has to do with the MCH Program's effort in collaborating with the different women group to educate women the important of coming in early for prenatal care. Last year more outreach activities in the community which provide more Ante Natal Services to the women. In Pohnpei, the percent of infants born to pregnant women receiving prenatal care during the first trimester increased to 39% in 2008 from 35.8% in 2007. Although Pohnpei shows an increase the number is considered small for the population. Problems contribued to this low coverage maybe that initial Prenatal Care remains at main clinic center at Public Health, clients claimed to have transportation problems, and

most clients claimed that they did not know that they are pregnant till baby start moving. In Kosrae, the percentage remains at 25% in 2008. The Kosrae MCH Program worked with women affairs office in including the health topics focused mainly on the advantage of early prenatal care during the women's week. The same topics were included during the world population week. Yap reported a decrease to 17% in 2008 from 26% in 2007. Yap reported a decrease in outreach visit to Outer Islands and that the announcement on prenatal visit was not aired frequently. Also, during the Yap Day Festivities the MCH program did not have brochures on importance of early prenatal visit. //2010//

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Develop dramas or plays for the Adolescent peer educators to do for outreach program.		X	X	
2. Educate mothers the important of coming early for prenatal care.		X	X	

3. Do radio program.		X		X
4. Disseminate health education materials regarding the importance of early prenatal care in the high schools.		X	X	
5. Increase awareness among the women the consequences of coming late to prenatal care.		X	X	
6. Maintain and continue missed menses clinics.		X	X	
7. Give health education in the adolescent clinic regarding importance of early prenatal care.		X	X	
8.				
9.				
10.				

b. Current Activities

//2010//The FSM MCH Program is continuing its education and counseling sessions on the importance of coming in early for prenatal care. Shool and Community workshops are also on-going. In Chuuk, current activities include educating mothers on the importance of coming early to prenatal care especially for those who are high risk. The MCH Program works collaboratively with the women group in the community to educate women on importance of early prenatal care. During outreach visits MCH Staff initiated the early prenatal care and referred them to come to the clinic for other assessment and to do screening for the lab. Pohnpei is currently doing more health education on the importance of early prenatal care, giving health education in the adolescent clinic regarding importance of early prenatal care, disseminating health education materials regarding the importance of early prenatal care in the high schools, developing dramas or plays for the Adolescent peer educators to do for outreach program, and doing radio programs. Currently Kosrae is working with women affairs office to include health topics focused mainly on the advantage of early prenatal care during the women's week. The MCH Program is working to include topics on the importance of early prenatal care during the world population week.

In Yap, the MCH program is distributing brochures on important of prenatal visit at all service delivery points.//2010//

c. Plan for the Coming Year

//2010//The FSM MCH Program plans to continue to expand its outreach activities targeting more schools and communities. Follow up sessions will be carried out and additional promotional materials will be developed.

For Chuuk, the MCH program plans to do more outreach visits in the community to see the pregnant women who are not able to afford to come to the clinic on the center. There is an ongoing re-training of health assistants to do MCH Program or activities in their community. The plan for Pohnpei is to maintain all activities, however, to increase community awareness and education by joining the CES-Land grant. Kosrae plans to do more community-awareness especially to young couples and teenagers on early prenatal care. They are planning also, to increase workshop sessions in schools and continue to contract the GYN doctor. Yap plans to do quarterly prenatal announcement in both languages + English, frequency of airing wiil be monitore, 500 Brochures will be developed and distributed to CHC sites, and during community outreach(school health, field trips, monthly events), and the MCH program plans to develop 500 brochures for the outer islands.//2010//

D. State Performance Measures

State Performance Measure 1: *The percent of women receiving services in the MCH Programs who receive a Pap smear.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	40	30	35	40	80
Annual Indicator	27.3	26.8	57.2	17.5	40.0
Numerator	790	923	1793	412	1216
Denominator	2893	3450	3135	2353	3042
Data Source					MCH Program Data
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	80	90	90	95	95

a. Last Year's Accomplishments

//2010//The FSM MCH Program reported at 40% last year, an increase from 26.4% in 2007. The increase was due to the National MCH Program's ability to secure a Pap Smear contract with Lab Tech in Guam to read Pap Smear for the FSM States. During the previous year, each State MCH Program was doing their own contract and this was quite difficult for the small States like Kosrae and Yap to enter into overseas contract with the little money thay had for Pap Smear reading. In 2008, all FSM States reported increases except for Pohnpei. In Chuuk, there was an increase to 22.2% in 2008 from 20.8% in 2007. This performance measure improved last year because Chuuk was using a local clinic to do the pap smear analysis. It is still a problem for the reconfirmation of the specimen. There are many issues which created the problem of sending biopsy which has to do with the laboratory outside and the strength of the formalin solution. In Pohnpei, it decreased from 20.7% in 2007 to 19.5 in 2008. The number of women that received MCH program services were 875 and 20.6% or 181 of them received a Pap smear. The decrease is due to the change in venue for reading Pap smear. Only 203 women obtain pap smear due to low supply of kits and the ones we received from Genesis had minimal amount of fixative in the container (leaked out onto the slides-causes fogs on them). We have money for shipment that is why we have pending results too. In Kosrae, the percentage increased from 63% in 2007 to 72% in 2008. Kosrae was taking pap smears for every first trimester pregnant women, 2 months postpartum mothers and suspected cancer cases women and also family planning clients on Tuesdays, Wednesdays, and Fridays every week. In Yap, the percentage increased from 0% in 2007 to 7% in 2008. Yap was doing weekly Pap smear service at the OB/GYN clinics at the Public Health and Community Health Centerss, 6 female birth attendants completed training on obtaining Pap smear, all got hands-on practice, MCH in collaboration with Cancer Awareness Program screened 100 women from Outer Islands at Public Health and during the 2008 Women's Health Week- Pap smear was taken.//2010//

An attachment is included in this section.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Have the National Gov. to establish outside contract to read the pap smear		X	X	
2. Continue to work with private Clinic on sending pap smear		X	X	
3. Training MCH/FP Nurses to do PAP Smear	X			

4. Coordinate with Public Health Nurse Practioner and Physician to obtain pap smear during prenatal clinic	X			
5. Continue Public awareness on the importance of Pap smear screening			X	
6. Make sure Pap smear kits are available at all the MCH clinics. (Work closely with Family Program since they are the ones who purchase pap smear kits)		X		
7. Continue Pap smear screening the Public Health clinic	X			
8. Improve tracking of those with a positive or insufficient specimens result			X	
9. MCH/FP collaborate with Cancer Program and other PH programs for outreach in communities, at least 2 times during year		X	X	
10.				

b. Current Activities

//2010//FSM National MCH Program has just renewed the Pap Smear Contract with Lab Tech to ensure that all Pap Smear Specimen from the State Programs are read. Only Chuuk State opted to use a local clinic. Currently, in Chuuk, the MCH Program Staff continued to obtain Pap smear as part of the screening for the prenatal patients during the clinic. It is a joint effort with other programs in Public Health like the STI Clinic to assist the MCH/FHP Nurses to do PAP Smear. We continue to work with Sefin Clinic to read pap smear and they provide a Pathologist to provide the services. Currently, Pohnpei is continuing Public awareness on the importance of Pap smear screening, making sure Pap smear kits are available at all the MCH clinics. Network with the Cancer program for support, work closely with other program staffs, STI/HIV/AIDS, and the Obstetrician(s) and Gynecologist, to improve tracking of those with a positive or insufficient specimen results. Currently, Kosrae is taking pap smears for every first trimester pregnant women, 2 months postpartum mothers and suspected cancer cases women and also family planning clients on Tuesdays, Wednesdays, and Fridays every week, as part of their on-going MCH activity. Yap is currently doing weekly OB clinics at Public Health, Community Health Centerss and Outer Islands dispensaries.//2010//

c. Plan for the Coming Year

//2010//The FSM MCH Program plans to continue working with the FSM States of Kosrae, Pohnpei and Yap to maintain the Pap Smear Contract with Lab Tech so Pap Smear specimen can be read in time. Chuuk, plans to continue working with Sefin Clinic, a local clinic for Pap Smear Reading. They however, plan to work with other program like cancer program to fund the biopsy specimen for reconfirmation. They will work with MCH Program at the FSM National to do the contract (biopsy) with medpharm laboratory to read the specimen. The MCH Program with Cancer program will negotiate with the local laboratory to continue read the pap smear with a reasonable fees. The program need to do more awareness to the women group on the importance of obtaining their pap smear. The plan for Pohnpei is to work with partners at National level to give contractual money for Pap reading to Pohnpei since we already have a reliable lab (Aloha Lab) to do the reading. Pohnpei plans to continue collaborating with the family planning program, the provider of pap smear kits. The plan for Kosrae, is to continue with the current services, and to include the food handlers. They also plan to purchase enough supply to guarantee availability of papsmear kits at all times(make sure they're not expire). Yap plans to do at least 2 radio public announcement encouraging women to come in for Pap smear services, specifically pregnant women for early prenatal visit so Pap smear can be obtained, weekly OB clinic at Public Health & CHCs, at least 1 radio announcement before Women's Health Week 2010 in both local languages, quarterly review/cross numbers with new OB log book vs. # of Paps taken, and collaborate with Cancer Program and other PH

programs for outreach in communities, at least 2 times during year.//2010//

State Performance Measure 2: *Percent of pregnant women who have been screened for Hepatitis B surface antigen.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	68	75	80	80	85
Annual Indicator	72.4	81.9	82.6	80.2	100.0
Numerator	1624	2321	1762	1836	2193
Denominator	2244	2834	2132	2289	2193
Data Source					Prenatal Clinic Data
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	85	90	95	100	100

a. Last Year's Accomplishments

//2010//The FSM MCH Program reported 100% of women were screened for Hepatitis B surface antigen last year. The increase was due to adequate reagents available for all States. In Chuuk, the MCH Program coordinated with Immunization Program in providing supplies or reagent for screening prenatal patients for Hepatitis B during prenatal clinic. There is an increase from last year due to availability of supplies and the Lab Technician is working very hard to provide this services. In Pohnpei, they worked with National Health Department through State Immunization Program to make sure supplies are available for Hepatitis B screening, make sure all pregnant women were screened for Hepatitis B, and provided counseling and educated pregnant women regarding prevention of transmission of Hepatitis B. virus. In Kosrae, screening for Hepatitis B in women is done at first visit prenatal and premarital and food handlers. In Yap, they were doing weekly screening for HepB in OB clinics and Public Health, weekly identified + HepB where charts are marked for Immunoglobulin to be given to their babies, and STI and other Public Health staff were screening in the Outer Islands.//2010//

An attachment is included in this section.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Counsel and or educate pregnant women regarding prevention of transmission of Hepatitis B. virus.	X	X	X	
2. Continue to coordinate with immunization program to supply the reagent for screening.		X	X	
3. Counsel and or educate pregnant women regarding prevention of transmission of Hepatitis B. virus.	X	X	X	
4. Make sure all pregnant women are screened for Hepatitis B	X			
5. To screen prenatal patients during prenatal clinic	X			
6.				

7.				
8.				
9.				
10.				

b. Current Activities

//2010//The FSM MCH Prgoram is working with the Immunization program to ensure that enough reagents are available this year. In Chuuk, the MCH Program plans to continue to screen for Hepatitis B and for this performance there is a improvement from last year. The immunization program continue to provide the supplies and there is an assigned lab technician to do the screening. The recording of data is also improving for this performance. In Pohnpei, the MCH Program is working with National Health Department through State Immunization Program to make sure supplies are available for Hepatitis B screening, make sure all pregnant women were screened for Hepatitis B, and provided counseling and educated pregnant women regarding prevention of transmission of Hepatitis B. virus. In Kosrae, screening for Hepatitis B in women at first visit prenatal and premarital and food handlers is a on-going service. In Yap, they are working to improve reporting from the Outer Island; not regularly coming in to the Central Hospital, increasing the number of educational community outreach in Outer Islands this year; STI/and other PH Programs staff increasing screened in Outer Islands, positive HepB pregnant women's charts are marked" alert" for immunoglobulin vaccination, and working to improve tracking/monitoring of "specially marked" charts to ensure babies born to +HepB were actually vaccinated.//2010//

c. Plan for the Coming Year

//2010//FSM MCH Program Plans to provide some funds to assist with the purchase of reagents. Hepatitis B screening will continue to be one of the main MCH program activities. For Chuuk, the MCH Program will coordinate with the immunization program to ensure that there will be continuation of reagent supplies. The plan for Pohnpei is to continue with the current activities. Kosrae plans to continue with the service and schedules, and make sure HB reagents are available all the times. The plan for Yap is to repeat in-country data workshop to Outer Island health assistants, going through step by step process for MCH data collection and reporting, increase efforts to getting data and reports from the Oute Islands, to create or setup of data base to track/monitor # of babies given immunoglobulin shots; and matching with # of + pregnant women, and collaborate with STI staff in community outreach screening activities.//2010//

State Performance Measure 7: *Percent of children with identified developmental problems who are admitted to the CSHCN Program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			35	40	60
Annual Indicator		1.0	9.7	19.7	26.3
Numerator		61	98	254	310
Denominator		5944	1007	1289	1177

Data Source					CSHCN Program Data
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	70	80	90	100	100

a. Last Year's Accomplishments

//2010//There are more children amitted to the CSHCN program last year. The FSM MCH Program reported an increase at 33.8% in 2008 compared to 1.2% in 2007. It is not know if more children are having disabilities or the screening was comprehensive enough to include all targeted children. All of the State MCH Programs reported that fewer children were admitted to theCSHCN Program last year, except for Chuuk. The indicator for Chuuk showed that 1% of CSN clients were identified as having developmental problems and admitted to the CSHCN Program. The Chuuk MCH/CSN Staff were screening the CSN clients who were referred from Well Baby Clinic and other Agencies and have them registered if they were eligible for services. The CSN Registry is already in place and data are shared with Special Education and Head-Start Program for client's services. In Pohnpei, the percent of children with developmental problems who are admitted for this year is 1% (3/286). In Kosrae, the percentage of children with identified developmental problem decreased from 13% in 2007 to 7% in 2008. Child fine survey, screening at the well baby, and referrals from outpatient, OB ward and communities were all on-going annual activities. In Yap, the percentage decreased to 4% in 2008 from 5% in 2007. Some reasons for the slight decrease included under-reporting (no data from Outer Islands), MOU between Special ED Program and Health Services needed revision, the former Head Start Program became a sub-program under Yap State Education Department, and no interagency meeting for a long time. //2010//

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Update the CSN Registry to get accurate data				X
2. Continue Screening children that will be identify as developmental problems	X			
3. Screening at well baby clinic ongoing	X	X	X	
4. Continue to collaborate with Special Education.		X		
5. Collaborate with the other Assessment Team members	X			
6. Educate more on what to refer and where to refer	X	X		
7. Continue to do screening regularly		X		
8.				
9.				
10.				

b. Current Activities

//2010//The FSM MCH Program continues to collaborate with the Special Education Program to screen more children. Screening is on-going during well baby clinic. In Chuuk, the MCH/CSN Staff are continuing screening CSN clients who are referred from Well Baby Clinic and other Agencies and registering them if they are eligible for services. The CSN Registry is already in place and data are shared with Special Education and Head-Start Program for client's services. Current activities in Kosrae include child find survey, Screening at well baby clinic, and referrals from outpatient, OB ward and communities. Yap is currently working to revise the MOU between Special Ed. Program and Health

Services, doing weekly CSHCN clinic at Public Health and CHCs, Shriners' Team visite Yap this year, Interagency Committee met at least 2 times this year, CSHCN Program coordinator is hired this year, and newborn hearing screening started this year. //2010//

c. Plan for the Coming Year

//2010//The plan is to continue doing more screeing and refer identified children for appropriate treatment. For Chuuk, the Inter-Agency Assessment Team members need to re-organize and try to set up schedule for all members to be present during assessment and evaluation for the clients. There is also a need to refer all the 0-5 years to the Early Childhood service providers for them to provide services to these CSN clients. The CSN Assessment team members to collaborate with Special Education on tracking these disable children during child find or during outreach visits. The plan for Kosrae is to continue collaborating with Special Eduction Program, continue to do screening regularly at the clinics, and screening at schools. The plan for Yap is to continue doing keekly CSHCN clinics at Public Health and CHCs, have a physician designated for CSHCN clinics, training of physicians in evaluating and conducting CSHCN clients, formally request with FSM HE&A for a neurologist to visit Yap as Yap continues to increased number of clients with neurological problems, improved CSHCN data recording/tracking, etc., set up protocol/manual for newborn hearing screening, cross-training of newborn hearing screening, and request at least $2,000 for medicines for CSHCN children: Bi-cillin LA 360 vials, Dilantin liquid, Phenobarbital tablets and injectibles.//2010//

State Performance Measure 8: *Percent pregnant women attending prenatal care who are screened for low hemoglobin.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	96	90	90	95	100
Annual Indicator	89.6	90.0	89.4	98.6	94.9
Numerator	2011	2091	1905	2256	2081
Denominator	2244	2324	2132	2289	2193
Data Source					Prenatal Clinic Data
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	100	100	100	100	100

a. Last Year's Accomplishments

//2010//The FSM MCH Program reported a decrese to about 95% in 2008 from about 99% in 2007. All the States reported 100% of women were screened for low hemoglobin, except for chuuk. The decrease was due to lack of supplies available for screening. In Chuuk, 87.4% of women screened for low hemoglobin in 2008 compared to 97% in 2007. This is a drop from previous year due to lack of supplies with the laboratory. In Pohnpei, the

percent of pregnant women screened for low hemoglobin remained at 100% in 2008. Activities contributed to the high achievement included increased nutritional education to the public, encouraged local food consumption, and close monitoring of pregnant women with low hemoglobin level. In Kosrae, the percentage remains at 100% in 2008. Kosrae was conducting workshops in the communities and nutrition topics and cooking demonstration were among the top priorities. The MCH staff Provide liflets and brochures to children in schools. Yap reported 100% of pregnant women attending prenatal clinic screened for low hemoglobin. Pregnant women were screened for anemia during weekly prenatal clinics, and were given prenatal vitamins and iron tablets.
Pregnant women seen at the CHCs are screened for anemia and given free prenatal vitamin and iron tablets.
Prenatal vitamin and Iron tablets were sent out regularly to the Outer Islands. //2010//

An attachment is included in this section.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Continue screening prenatal women who come to Public Health clinic for prenatal services	X			
2. Encourage local food consumption		X	X	
3. Increase nutritional education to the public		X	X	
4. Close monitoring of pregnant women with low hemoglobin level	X	X	X	X
5. Coordinate with the laboratory for proper supplies			X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010//Lack of supplies was identified as the cause of the decrease for coverage in anemia screening. The FSM MCH Program is trying to order more supplies to avoid stock outs in the future. In Chuuk, the MCH Program continued to order supplies necessary to screen the prenatal patients for low hemoglobin. The MCH Program continued to work with the laboratory for supplying reagent necessary to do the screening for Hematocrit. The Chuuk State Laboratory is improving this year by purchasing their equipment in running the lab test for screening. In Pohnpei, the MCH Program is increasing nutritional education to the public, encouraging local food consumption, and closely monitoring pregnant women with low hemoglobin level. In Kosrae, a nutritionist was hired earlier this year and is now on board. She is providing one to one counseling sessions every Tuesdays for first visits mothers and at third trimester visits. Liflets and brochures are given to each mother with all the nutritional facts during pregnancy and lactation. Currently in Yap, pregnant women are screened for anemia during weekly prenatal clinics, and are given prenatal vitamins and iron tablets. Pregnant women seen at CHCs are screened for anemia and given free prenatal vitamin and iron tablets. Prenatal vitamin and Iron tablets are being shipped out to the Outer Islands. //2010//

c. Plan for the Coming Year

//2010//The FSM MCH Program plans to secure more funding to order more supplies to improve screening for anemia in the coming year. For Chuuk, the MCH Program plans to continue to support the State laboratory by ordering supplies like reagent for the new machine to do the screening. The Program will continue to educate and distribute ferrous tablets to the pregnant women who are anemic. Pohnpei plans to develop pamphlet on anemia in the local language, develop dramas or plays on role of hemoglobin in the body relating to anemia,

continue education on the importance of nutrition to health especially during pregnancy, encourage healthy eating habits and practices, and working with laboratory people to make sure that all pregnant mothers are screened for Anemia and closely monitor those with low hemoglobin level. Kosrae plans to conduct workshops in the communities and nutrition topics and cooking demonstration will be among the top priorities. The MCH staff will provide liflets and brochures to children in schools. The plan for Yap is to purchase a year's estimated need of prenatal vitamin and ferrous sulfate tablets for pregnant women and anemic school children, quarterly monitoring of shipments of above medicines to Outer Islands, and weekly prenatal clinics at PH and CHCs and Outer Islands and screen for anemia.//2010//

State Performance Measure 9: *Percent infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	20	15	20	20	30
Annual Indicator	10.2	9.2	13.4	20.3	27.3
Numerator	224	635	1024	1706	3943
Denominator	2198	6892	7663	8423	14432
Data Source					Well Baby Clinic Data/ECE Data/Dental Program Data
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	50	70	80	90	90

a. Last Year's Accomplishments

//2010//Overall, the FSM MCH Program reported an increase, 27.3% last year compared to 20.3% in 2007. Chuuk and Pohnpei reported increases while Kosrae and yap reported decrease in coverage. The decrease was due to under-repoting of the data in the respective states. In Chuuk, this indicator is increase from last reporting year and there is

a Dental Nurse supported by the MCH Program who is responsible for fluoride varnish treatment to the younger children. In Pohnpei, the precent of children treated with flouride varnish increased to 29% in 2008 from "0" in 2007. In Pohnpei, the fluoride varnish for this reporting year is for ECE 609 student and their siblings are 614 and a total of 353 from Tehkie mahs. No fluoride varnish activity during the vitamin A campaign due to very low supply on hand. Beside, Dental department was out of stock from June 2008 till new fiscal fund was available. I still believe direct intervention such as fluoride varnishing is better because you do the service at hand. Kosrae State reported a decrease to 82.7 in 2008 from 90.1 in 2007. Cause of the decrease was due to shortage of supplies. Yap State reported a decrease to 21.3% in 2008 from 27.8% in 2007. Yap was doing weekly well baby clinics at Public Health and CHCs. Needy children are given bottles of multivitamin with fluoride as well as teeth sealant services.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Have the Dental Program purchase enough fluoride varnish for this group of children.			X	
2. Dental Program to continue apply fluoride varnish to all the 1-5 years in the Well Baby Clinic and ECE Program.	X			
3. Order supplies in advance so that supplies doesn't run out for a long period of time.	X	X	X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010//The FSM MCH program continues to collaborate with Dental Services to purchase flouride and carry out services.In Chuuk, the MCH Program coordinate with Dental Division to have the Dental Assistant to apply fluoride varnish to all 1-5 years old who come for well baby and immunization clinic. The Dental Staff joined the outreach team to do the fluoride varnish to the children in the community. There is already a staff assigned by the Chief of Dental Division to be responsible for this activity. Pohnpei MCH Program is in the process of ordering supplies in advance so that supplies don't run out for a long period of time. Kosrae MCH program is working with the Dental Division and the Hospital administration to ensure that enough supplies are purchase to avoid repeated stockouts. Yap is conducting weekly well baby clinics at PH and CHCs and needy children are given bottles of multivitamin with fluoride as well as teeth sealant service.//2010//

c. Plan for the Coming Year

//2010//The FSM MCH Program Plans to continue purchasing dental supplies to continue flouride varnish activities.

For Chuuk, the plan is to increase number of visits to the community and we will continue to include the Dental Staff to join the outreach team. The written schedule for the Dental Assistant assignment daily will be written out and give to the Dental Division Chief. The

daily data will be recorded and be computerized for easy access. The MCH Coordinator will coordinate with the Dental Division for the input of data electronically. The MCH Coordinator will encourage the Dental Division to participate in the Inter-Agency Assessment Team to assure that these services will be available for the 0-5years old in the ECE. Pohnpei MCH Program plans to work closely with the Dental Division to ensure that Pohnpei do not experience stock-outs in the future. Supplies will be ordered in advance in large quantities so that supplies doesn't run out for a long period of time. Kosrae MCH program plans to continue working with the Dental Division and the Hospital administration to ensure that enough supplies are purchase to avoid repeated stockouts. Yap plans to continue the weekly well baby clinics at Public Health & CHCs where needy infants/children can be provided bottles of multivitamin with fluoride and teeth sealant services by MCH and other dental nurses. Yap plans to order 500 bottles of multivitamin with fluoride at $2.81 + 15% estimated shipping cost from Perry Point= $1,800/year(based on 08 usage- Med. Supply). Yap also plans to purhase estimated 100 sealant kits is needed for 3rd graders in Yap as well as infants and children that are not yet in schools.//2010//

State Performance Measure 10: *Percent of children with special needs who have a completed reevaluation by the CSN team within the last 12 months.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	65	60	65	70	70
Annual Indicator	54.0	36.4	36.3	34.7	35.7
Numerator	519	414	446	452	430
Denominator	962	1138	1227	1302	1203
Data Source					CSHCN Program Data
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	75	80	85	90	90

a. Last Year's Accomplishments

//2010//The FSM MCH Program reported a slight increase in 2008 of 35.7% from 34.7% in 2007. All States reported increases except Pohnpei. This means that all states performed well, but not Pohnpei. In Chuuk, last year the data showed an increase by about 7%, from 19.2% in 2007 to 26.6% in 2008. The improvement was due to increased outreach for CSN Clinic. In Pohnpei, the percent of children with special needs who have a completed re-evaluation decreased from 66.5% to 52% this year. The scheduling for re-evaluation by all teams (IAC) was not very convenient, the data system was not updated, and communication between the comprehensive assessment team was poor. In Kosrae, the percentage increased from 31% in 2007 to 47% in 2008. The CSN coordinator position is still vacant but the MCH coordinator take part in providing the services to the CSN population. Reevaluation done once a year to evaluate their conditions. Other services provided during CSN clinics on Monday, Wednesday afternoon and Fridays. Home visitation is not done because of transportation problem and also short of manpower, and CSN assessment team is in place (CSN, Physician, MCH Coordinator, RSA, Nutritionist, Special ed. Coordinator, ECE supervisor). In Yap, the percentage increased from 41.2% in 2007 to 44% in 2008. Yap was doing weekly CSHN clinics at Public Health & CHCs, and 2 special clinics were provided by Dr. Singer and Shriner's Team.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Update the CSN Registry.				X
2. Improve and enhance communication between the comprehensive assessment team.		X		
3. MCH/CSN Program will do home visit for those CSN who do not show up for their appointment	X		X	
4. Improve the scheduling for re-evaluation by all teams	X			
5. CSHCN Staff will increase number of CSHCN clients to be screen.	X			
6. Continue to improve and update data system.		X		X
7.				
8.				
9.				
10.				

b. Current Activities

//2010//The FSM MCH Program is working with the Special Education Program and the State Interagency Council to improve services. In Chuuk, the CSN Staff continued to screen and register CSN Clients who referred from other program and also continued to do assessment for each client. The CSN Assessment Team only consists of the MCH /CSN Staff without Special Education and Head-Start. Data has been input electronically by the CSN Staff. Pohnpei is working on improving the scheduling for re-evaluation by all teams (IAC) because it was not very convenient, working to update and improve the data system, and improve communication between the comprehensive assessment team was poor. In kosrae, CSN coordinator position is still vacant but the MCH coordinator take part in providing the services to the CSN population. Reevaluation done once a year to evaluate their conditions, other services provided during CSN clinics on Monday, Wednesday afternoon and Fridays,

Home visitation is not done because of transportation problem and also short of manpower, and CSN assessment team is in place (CSN, Physician, MCH Coordinator, RSA, Nutritionist, Special ed. Coordinator, ECE supervisor). These are all on-going activities. Current activities include weekly CSHN clinics at PH & CHCs, special clinics, hiring of coordinator for CSHN Program, on-going newborn hearing screening.//2010//

c. Plan for the Coming Year

//2010//The FSM MCH Progam plans to increase outreach programs to in order to reach out to those children who cannot come to the central clinic due to transportation problems. For Chuuk, the plan is to have the Inter-Agency Assessment Team members schedule their time together for the assessment to be done. The Outreach Team needs to increase the number of visits for the assessment and re-evaluation to be done in the community. It has been very difficult for the parents to bring their children to the center for re-evaluation for the increase price of gasoline. The MCH/CSN Program Staff need to review the computerized data and do home visits for those CSN clients who have not re-evaluated, this need to be done every month. The CSN Physician need to make schedule and also make it available all the times. The MCH/CSN Program need to request to the National MCH

supporting staff to provide transportation like a vehicle needed to visits these clients on Weno. Many of these disable children are located on Weno and we are not able to serve them due to transportation problem. Pohnpei plans to assess and evaluate the program and see where is needed to improve or revised in services being provided or in program management, improve the scheduling for re-evaluation by all teams (IAC), to improve and update data system, improve and enhance communication between the comprehensive assessment team, and seek or ask for either a nurse or health assistant to work in the CSHN program. Kosrae plans to hire the CSN Coordinator soon, purchase a vehicle for the Kosrae MCH program, and work closely with the Special education and SMD program. Yap plans continue with weekly CSHN clinics at PH & CHCs, Request the services of a neurologist to evaluate CSHN clients with neurological problems, regular meeting of Interagency Committee to address issues relating to CSHN clients/their families and to foster smoother working relationships, public announcement notifying the public about CSHN program and services, request for training of doctors by FSM CSHN Physician to better evaluate CSHN children, 2 public announcement, and 2 months prior to specialists visit to Yap so families be well notified in advance and those in Outer Islands can travel to main island- accessing those services by specialists.//2010//

State Performance Measure 11: *Percent of women of child-bearing age who attended workshops in the schools and communities during the reporting period.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective				0	50
Annual Indicator			0.0	34.5	47.7
Numerator			0	7295	11741
Denominator			1	21157	24612
Data Source					Public Health Record/Census Data
Is the Data Provisional or Final?				Provisional	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	70	80	90	90	90

Notes - 2006
No data was collected and reported from the FSM States during this reporting period.

a. Last Year's Accomplishments
//2010//The FSM MCH Program reported at 47.7% last year, an increase from 34.5 in 2007. The increase was due to the ability of the MCH Program to get the reports from the outer islands. In Chuuk, this performance continue to be part of the MCH/FHP activities in the community. There is an increase from 50.4% in 2007 to 58.2% in 2008. Chuuk continued to educate women in the community and the schools. The MCH/Family Planning Health Education need to work more in the schools and also the youth in the community. In Pohnpei, there is an increase of 48.5% in 2008 from 3.9 in 2007. The MCH Program staff, in collaboration with other Public Health Programs, visited schools (elementary and High schools) youth, and communities -- doing awareness and education through

presentations, dramas, variety shows, media and also youth to youth (individual peer education). In Kosrae, the percentage was decreased from 28.3% in 2007 to 9.3% in 2008. Kosrae State was doing comprehensive education during child find survey week and did it again during women's week and world population day, but the registrar was not able to register all the women at child bearing age level. In Yap, there is an increase of 28% in 2008 from 16% in 2007. In Yap 100% of school youths attended School Health Education Program in main island Yap, 80% youths in the Outer Islands attended school health screening but reports were not submited, and 4 CHCs conduct clinics including health education in 4 municipalities of the main island.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Doing local food campaign or promotion		X		
2. Target the COM, and High School girls for the education session		X	X	
3. Include appropriate health topics during population population day and women's health week celebrations.		X	X	
4. Visit elementary and High schools to conduct workshops.		X		
5. Visit the communities to conduct workshops		X		
6. Schedule the MCH Health Educator visits to community and the schools for the health education session			X	
7.				
8.				
9.				
10.				

b. Current Activities

//2010//Women issues are very sensitve in the FSM, therefore the FSM MCH Program is working with the women community groups and women school teachers to take lead in the workshops or discussion. In Chuuk, the MCH Program is working with the Chuuk Women's Association to educate women on the health issues for both mothers and children. They advocate to the women on their parts to participate in the services that MCH Program is providing for the health of mothers and children. The different functions for the women are women International week, and also women's health week which allowed us to present different health topics to the women. The Outreach services are also a time where we educate many mothers in the remote islands for those who are not able to come to the Public Health Clinic. In Pohnpei, the MCH Program staff, continues to collaborate with other Public Health Programs, and are visited schools (elementary and High schools) youth, and communities -- doing awareness and education through presentations, dramas, variety shows, media and also youth to youth (individual peer education). Kosrae State is doing comprehensive education during child find survey week and also during women's week and world population day celebrations. In Yap, Public Health staff are doing health education at the public schools, and approximately 80% of youths in the Outer Islands are reached during school health week.//2010//

c. Plan for the Coming Year

//2010//The FSM MCH Program plans to expand the workshop to the outer Islands in the coming year, but continue to target the rest of the communities on the main islands. This will be done by collaborating with other Publich Health program and state agencies. For Chuuk, the MCH Program will coordinate with other program at the Public Health like Family Planning, HIV/Aids, NCD and other services to educate childbearing age women especially at High Schools, and COM. We will continue to work with the Chuuk women Association to present health topics during their conference or meetings. Pohnpei plans to continue doing present activities by collaborating with the Family Planning, School Health, and the Adolescent Health Development programs. Kosrae plans to improve the data collection for the workshop participants, plan to increase heath education from only once to two times a year and continue with the current activities. Yap plans to set up data sharing system within Public Health and CHCs, conduct data workshop to Outer Island health workers to improve data recording and reporting, set up file for MCH/FP outreach activities, and review MCH Clinics' worksheets to reflect new required data and other necessary documentations.//2010//

State Performance Measure 12: *The rate of maternal deaths in the reporting year.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective					3
Annual Indicator					
Numerator					
Denominator					
Data Source					Death Certifiate
Is the Data Provisional or Final?				Provisional	
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	3	2	1	1	1

Notes - 2008
//2010// This measure was selected in 2008 and FSM will begin reporting on it in 2009. The FSM States' MCH Programs suspected that FSM has a much higher rates of maternal deaths than what the country has been reporting. In order to ascertain this suspicion FSM decided to add this measure to the State Negotiated Performance Measures.//2010//

Notes - 2007
This is a new State Performance Measure. FSM will start reporting on this performance measure in 2008. The numbers are only dummies and should be ignored.

a. Last Year's Accomplishments
//2010//FSM MCH Program added this new performance measure in 2008 and stated that they would track maternal deaths and report the data in 2009. The State MCH Programs will provide data on rates of maternal deaths for the 2009 reporting period. No data reported from the States. None of the State MCH Programs reported what they were doing during the last year.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. Prenatal Clinic done every Tuesdays and Thursdays for high risk mothers.	X	X	X	
2. Taking Blood pressure, weights, smear for STI, Pap Smears, Investigation, Labs and doctors examination.	X	X	X	
3. Health and Nutrition educations or counseling are part of the regular prenatal care services.	X	X	X	
4. Doing awareness and education on the importance of nutrition to health and health maintenance.		X	X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

//2010//FSM State MCH Programs are tracking and collecting data for Maternal deaths. Only Kosrae State reported on their current activities. Kosrae conducts Prenatal Clinics every Tuesdays and Thursdays. High risk mothers usually come on Tuesday. Direct care services are given during each visits. Blood pressure, weights, smear for STI, Pap Smears, Investigation, Labs and doctors examination are conducted. Postpartum clinic done every Wednesday. Direct care services also provided to postpartum mothers where blood pressure, weight and anemia screening and also physician examinations are on-going. //2010//

c. Plan for the Coming Year

//2010//The FSM MCH Programs will provide data on Maternal deaths in 2009. Chuuk and Pohnpei States did not provide their plans for the coming year. Kosrae State plans to continue with Cthe current services. Yap plans is to hire a graduate nurse to replace dental nurse's position who is retiring sometime this year and to request budget for a female OB-Gyn physician from the Philippines.//2010//

State Performance Measure 13: *The percent of one year old babies with anemia.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective					60
Annual Indicator					95.6
Numerator					3548
Denominator					3710
Data Source					Well Baby Clinic Data
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	50	30	20	10	10

Notes - 2008

//2010// The FSM States' MCH Programs suspected that a lot more children under 1 year old are anemic. In order to ascertain this suspicion FSM decided to add this measure to the State Negotiated Performance Measures.//2010//

Notes - 2007
This is a new State Performance Measure. FSM will start reporting on this performance measure in 2008. The numbers are only dummies and should be ignored.

a. Last Year's Accomplishments
//2010//FSM MCH Program added this performace measure in 2008. The State MCH Program will start reporting on this measure in 2009. In Pohnpei, the MCH Program does not have a portable Hemocue and accessories to be able to do Hematocrit/Hemoglobin check at the clinic instead, they are sending the children to the Hospital lab. Although, the Pohnpei MCH Program has not started reporting on this indicator, we continue to do preventive measures by educating and or doing awareness on issues of anemia at Antenatal clinics. In Kosrae, Anemia screening done on every one year old babies who come to the well baby clinic on Wednesdays and Fridays of a week. Counseling and education provided during the well baby clinic on a one to one counseling session on nutrition. Leaflets and brochures given to the caretakers. Notification given to Land Grand Nutrition programs regarding the names of the mothers who are at 4 months postpartum for the provision of seedlings. So they can plant and use to feed their babies when they are at 6mos of able to eat solid foods. In Yap, weekly well baby clinics were conducted at Public Health, CHCs and Outer Islands, but records of HgB, not tracked by MCH data clerk nor MCH Coordinator.//2010//

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Do awareness and educate or counsel on the benefits and advantages of Breastfeeding.	X	X	X	
2. Do workshops to the Health Assistants to encourage them to disseminate information regarding the importance of exclusive breastfeeding.		X	X	
3. Develop health education materials regarding the benefits and the importance of breastfeeding.		X		X
4. Do refreshing workshop on Breastfeeding and Weaning food for a young child to Health assistants and nurses.		X	X	
5. Continue screening babies for anemia.	X	X	X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities
//2010//The State MCH Programs will provide data on this measure during the next reporting period. In Pohnpei, the MCH Program staff are explain to mothers or caretakers what is meant by exclusive breastfeeding, doing awareness and educate or counsel mothers on the benefits and advantages of Breastfeeding, doing workshops to the Health Assistants to encourage them to disseminate information regarding the importance of exclusive breastfeeding in the communities and community based-clinics, developing health education materials regarding the benefits and the importance of breastfeeding. Anemia screening is on-going for every one year old babies who come to the well baby clinic on Wednesdays and Fridays of a week. Counseling and education are also on-going during the well baby clinic on a one to one basis on nutrition. Leaflets and brochures are being given to the caretakers. Notification given to Land Grand Nutrition programs regarding the names of the mothers who are at 4 months postpartum for the provision of seedlings, so they can plant and use to feed their babies when they are at 6mos of able to

eat solid foods. In Yap, weekly well baby clinics are on-going are activities at Public Health, CHCs and Outer Island clinics, but HgB not documented nor recorded.//2010//

c. Plan for the Coming Year

//2010//The State MCH Programs will provide data on this measure during the next reporting period. Pohnpei plans to continue educating caretakers on what is meant by exclusive breastfeeding, doing refreshing workshop on Breastfeeding and Weaning food for a young child to Health assistants and nurses. MCH and the Immunization programs with the staff from Family planning plan to continue educating on appropriate nutrition or weaning food for young children. Breastfeeding education remains an important issue to talk about with the caretakers/parent(s). Kosrae plans to continue with the current services in the coming year. Yap plans to have the MCH Data Clerk add a required fields in the data base to document anemia amongst 1 year old babies. They also plan to revise the Well Baby Clinic weekly worksheet to note HgB status of 1 year old babies.//2010//

E. Health Status Indicators

Introduction

//2010// This year, the health of children less than five year old improved a bit compared to last year. Overall, the rate of children hospitalized with Asthma was decreased. The improvement for the FSM, may be a direct outcome of educating pregnant mothers about harmful effects of tobacco use and tobacco products. Another factor that may have contributed to the decline was the fact that more mothers have started exclusively breastfeeding their children. Overall, the percent of live births weighing less than 2,500 grams improvement in 2008. Pohnpei and Yap States reported fewer children were born this year with less than 2,500 grams. Pohnpei and Yap States also reported improvement for live births weighing less than 1,500 grams. The analysis of pregnant mothers reported smoking during the last three months of pregnancy shows that, only 70 pregnant women out of 2,205 pregnant women were smoking in 2008. Although the data showed slight increase in the percent of pregnant mothers who smoke, we are proud to report that Kosrae State, again reported that NO pregnant mother was smoking during the last three months of pregnancy. Most states reported that many more pregnant women continue to chew betel nuts with cigarettes. This may have contributed to the high percentage of children borned with low birth weight. The data for infants born to mothers receiving prenatal care beginning in the first trimester showed improvement as well. //2010//

Health Status Indicators 01A: *The percent of live births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	5.1	15.0	8.7	8.4	7.0
Numerator	122	248	203	199	147
Denominator	2415	1649	2325	2374	2113
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					

Is the Data Provisional or Final?				Final	Provisional

An attachment is included in this section.

Narrative:

//2010//This health status indicator for FSM has improved by 1.4%. The percent of live births weighing less than 2,500 grams decreased in 2008 to 7% compared to 8.4% in 2007. Chuuk and Kosrae States reported increases while Pohnpei and Yap States reported decreases. Chuuk reported an increase to 9.6% in 2008 from 7.3% in 2007. Kosrae also reported an increase to 9.9% in 2008 from 8.7% in 2007. Pohnpei State reported a decrease from 9.2% in 2007 to 3.9% in 2008. Yap State also reported a decrease from 10.4 in 2007 to 8.2% in 2008. Because the data is so small it may not mean much statistically.//2010//

Health Status Indicators 01B: *The percent of live singleton births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	4.8	4.6	8.7	7.2	6.5
Numerator	115	108	203	167	136
Denominator	2374	2359	2325	2323	2089
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

//2010//The percent of live singleton births weighing less than 2,500 grams also decreased marginally to 6.5%% in 2008 from 7.2% in 2007. Again, Chuuk and Kosrae States reported increases while Pohnpei and Yap Sates reported decreases for this indicator. Chuuk State reported 69/792 or 9% of live singleton births weighing less than 2,500 grams. Pohnpei State reported 35/934 or 3.7% of live singleton births weighing less than 2,500 grams. Kosrae State reported 16/162 or 9.9% of live singleton births weighing less than 2,500 grams, and Yap State reported 16/201 or 8% of live singleton births weighing less than 2,500 grams. //2010//

Health Status Indicators 02A: *The percent of live births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	0.3	0.3	1.2	1.0	1.5
Numerator	8	8	27	23	31
Denominator	2415	2400	2325	2374	2113
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year					

moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:
//2010//The percent of live births weighing less than 1,500 grams increased to 8.1% in 2008 from 1% in 2007. In Chuuk 164/800 or 20.5% of live births weighing less than 1,500 grams. In Pohnpei 3/944 or 0.3% of live births weighing less than 1,500 grams. In Kosrae 1/162 or 0.6% of live births weighing less than 1,500 grams and In Yap 3/207 or 1.4% of live births weighing less than 1,500 grams.//2010//

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	0.4	0.4	1.0	0.6	1.3
Numerator	10	9	24	13	27
Denominator	2374	2359	2297	2323	2089
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:
//2010//The percent of live singleton births weighing less than 1,500 grams increased to 5.6% in 2008 from 0.6% in 2007. In Chuuk 112/790 or 14% of live singleton births weighing less than 1,500 grams. In Pohnpei 3/944 or 0.3% of live singleton births weighing less than 1,500 grams. In Kosrae 1/162 or 0.6% of live singleton births weighing less than 1,500 grams and In Yap 1/201 or 0.5% of live singleton births weighing less than 1,500 grams.//2010//

Health Status Indicators 03A: *The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	12.5	11.6	2.5	14.9	5.1
Numerator	3	5	1	6	2
Denominator	24096	43172	40462	40339	39066
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

//2010//The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger for 2008 is "0". All states reported no deaths due to unintentional injuries among children aged 14 years and younger.//2010//

Health Status Indicators 03B: *The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	12.5	2.3	0.0	0.0	0.0
Numerator	3	1	0	0	0
Denominator	24096	43172	40462	40339	39391
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2006
No deats resulting from unintentional injuries reported during this period.

Narrative:
//2010//The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger due to motor vehicle crashes for 2008 is "0". All states reported no deaths due to unintentional injuries among children aged 14 years and younger due to motor vehicle crashes. //2010//

Health Status Indicators 03C: *The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	16.5	0.0	0.0	8.3	12.4
Numerator	4	0	0	2	3
Denominator	24229	22762	23641	24162	24284
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2006
No deaths from this age group reported during this period.

Narrative:
//2010//The death rate per 100,000 for unintentional injuries among children aged 15 through 24 years old due to motor vehicle crashes increased to 12.4/100,000 in 2008 from

8.3/100,000 in 2007. All States reported "0" except Kosrae with 3/1698 or at the rate of 176.7/100,000. //2010//

Health Status Indicators 04A: *The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	527.1	354.4	84.0	1,036.2	58.9
Numerator	127	153	34	418	23
Denominator	24096	43172	40462	40339	39066
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

//2010//The rate per 100,000 of all non-fatal injuries among children aged 14 years and younger decreased from 1036.2/100,000 in 2007 to 58.9/100,000 in 2008. In Chuuk 5/18,822 or 26.6/100,000 injuries are non-fatal. In Pohnpei 5/13,226 or 38/100,000 injuries were non-fatal. Kosrae reported 13/2894 injuries or 449.2/100,000 injuries were non-fatal and Yap reported "0" or no injuries that are non-fatal or no injuries at all for this age group. //2010//

Health Status Indicators 04B: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	58.1	30.1	4.9	168.6	20.4
Numerator	14	13	2	68	8
Denominator	24096	43172	40987	40339	39197
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

//2010//The rate per 100,000 of non-fatal injuries due to motor vehicle crashes among children aged 14 years and younger decreased from 168.6/100,000 in 2007 to 20.4/100,000 in 2008. In Chuuk 2/18,822 or 10.6/100,000 non-fatal injuries due to motor vehicle crashes. In Pohnpei 5/13,357 or 37/100,000 non-fatal injuries due to motor vehicle crashes. Kosrae reported 1/2894 injuries or 34.6/100,000 non-fatal injuries due to motor vehicle crashes and Yap reported "0" or no injuries that are non-fatal due to motor vehicle crashes for this age group. //2010//

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	82.5	79.1	17.1	471.8	70.0
Numerator	20	18	4	114	17
Denominator	24229	22762	23336	24162	24284
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

//2010//The rate per 100,000 of non-fatal injuries due to motor vehicle crashes among youth aged 15 through 24 years decreased from 472/100,000 in 2007 to 70/100,000 in 2008. Chuuk reported "0" or no fatal injuries due to motor vehicle crashes among youth aged 15 through 24 years. Pohnpei reported a decreased from 1525/100,000 in 2007 to 121/100,000 in 2008. Kosrae reported a decrease from 696.5/100,000 in 2007 to 176.7/100,000 in 2008 and Yap reported an increase from 0/100,000 in 2007 to 84.5/100,000 in 2008. //2010//

Health Status Indicators 05A: *The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	2.1	2.0	3.0	1.2	3.8
Numerator	13	13	22	9	27
Denominator	6338	6489	7342	7498	7127
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:

//2010//FSM reported 27 out of 7,127 or 4/1,000 women aged 15 through 19 years have Chlamydia. This is an increased to 4/1,000 in 2008 from 1/1,000 in 2007. Chuuk reported 3 out of 4,306 or 26.5/1,000 have Chlamydia. Pohnpei reported 4 out of 1,700 or 2.3/1,000 women have Chlamydia and Kosrae reported no women with Chlamydia. Yap reported 20 out of 688 or 29.1/1,000 women aged 15 through 19 years have Chlamydia. //2010//

Health Status Indicators 05B: *The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	1.4	5.4	3.9	1.4	6.6
Numerator	27	95	87	25	114
Denominator	19585	17689	22235	18480	17243
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Narrative:
//2010//FSM reported 114 out of 17,243 or 0.7/1,000 women aged 20 through 44 years have Chlamydia. This is an increased to 0.7/1,000 in 2008 from 0.1/1,000 in 2007. Chuuk reported 17 out of 8040 or 2.1/1,000 have Chlamydia. Pohnpei reported 7 out of 5625 or 1.2/1,000 women have Chlamydia and Kosrae reported 3 out of 1467 or 2/1,000 women with Chlamydia. Yap reported 87 out of 2111 or 41.2/1,000 women aged 20 through 44 years have Chlamydia.//2010//

Health Status Indicators 06A: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

HSI #06A - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	2120					2120		
Children 1 through 4	5738					5738		
Children 5 through 9	7707					7707		
Children 10 through 14	8069					8069		
Children 15 through 19	9055					9055		
Children 20 through 24	6429					6429		
Children 0 through 24	39118	0	0	0	0	39118	0	0

Notes - 2010
//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

Narrative:
//2010// This year, the health of children less than five year old seems to have improved quite a bit compared to last year. Overall, asthma hospitalization rate for children less than five years old decreased to 21.1/1000 in 2008 compared to 21.6/1000 in 2007. Chuuk State reported a rate of 5.1 in 2008 compared to 8.3 in 2007. Kosrae State also reported a decrease in 2008 at 116 compared to 166 in 2007. Although, Pohnpei and Yap States reported increases, the data is so small that it may not mean much statistically. The over all improvement for the FSM, may be a direct outcome of educating pregnant mothers about harmful effects of tobacco use and tobacco products, which was incorporated into prenatal care education and counseling sessions and outreach activities. Another factor that may have contributed to the decline, was the fact that more mothers have started exclusively breastfeeding their children and Chuuk and Kosrae States have formulated the Breastfeeding Support Groups, who encourage and teach young and new mothers on proper techniques for breastfeeding. Overall, the percent of live births weighing less than 2,500 grams shows modest improvement in 2008 at 7% compared to 8.4% in 2007. Pohnpei and Yap States reported that fewer children were born this year with less than 2,500 grams, with Pohnpei reported a decrease to 3.9% in 2008 from 9.2% in 2007 and Yap reported a decrease to 8.2% from 10.4% in 2007. Although, Chuuk and Kosrae States reported modest increase, again, the data is so small that it may not mean much statistically. Pohnpei and Yap States also reported modest improvement for live births weighing less than 1,500 grams. Pohnpei reported an improvement from 0.7% in 2007 to 0.3% in 2008 and Yap reported a decrease from 1.5% in 2007 to 1.4% in 2008. The analysis of pregnant mothers reported smoking during the last three months of pregnancy shows that, throughout the FSM, out of the total 2,205 pregnant women seen during the calendar year, only 70 smoke in 2008. This is relative the same number of pregnant women reported smoking in 2007. Although the data showed slight increase in the percent of pregnant mothers who smoke, we are proud to report that Kosrae State, again reported that NO pregnant mother were smoking during the last thrree months of pregnancy. Most states reported that many more pregnant women continue to chew betel nuts with cigarettes during the last three months of pregnancy. This may have contributed to the high percentge of children borned with low birth weight in each of the states. The data for infants born to pregnant mothers receiving prenatal care beginning in the first trimester shows tremendous improvement as well. In 2008, 40.4% of all infants born were born by women receiving prenatal care during the first trimester compared to 29.3% in 2007. Except for Yap, who reported a decrease to 17% in 2008 from 26% in 2007, all other states reported some improvements. //2010

Health Status Indicators 06B: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and Hispanic ethnicity. (Demographics)*

HSI #06B - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	2120		
Children 1 through 4	5738		
Children 5 through 9	7707		

Children 10 through 14	8069		
Children 15 through 19	9055		
Children 20 through 24	6429		
Children 0 through 24	39118	0	0

Notes - 2010
//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

//2010// This is a projected population for this population sub-group for 2008 based on the FSM 2000 Population Census. No other race is reported from the FSM States. //2010//

Narrative:
//2010// This year, the health of children less than five year old seems to have improved quite a bit compared to last year. Overall, the rate of children less than five year old who were hospitalized with Asthma was decreased to 21.1 in 2008 compared to 21.5.8 in 2007. Chuuk State reported a rate of 5.1 in 2008 compared to 8.3 in 2007. Kosrae State also reported a decrease in 2008 at 116 compared to 166 in 2007. Although, Pohnpei and Yap States reported increases, the data is so small that it may not mean much statistically. The over all improvement for the FSM, may be a direct outcome of educating pregnant mothers about harmful effects of tobacco use and tobacco products, which was incorporated into prenatal care education and counseling sessions and outreach activities. Another factor that may have contributed to the decline, was the fact that more mothers have started exclusively breastfeeding their children and Chuuk and Kosrae States have formulated the Breastfeeding Support Groups, who encourage and teach young and new mothers on proper techniques for breastfeeding. Overall, the percent of live births weighing less than 2,500 grams shows modest improvement in 2008 at 7% compared to 8.4% in 2007. Pohnpei and Yap States reported that fewer children were born this year with less than 2,500 grams, with Pohnpei reported a decrease to 3.9% in 2008 from 9.2% in 2007 and Yap reported a decrease to 8.2% from 10.4% in 2007. Although, Chuuk and Kosrae States reported modest increase, again, the data is so small that it may not mean much statistically. Pohnpei and Yap States also reported modest improvement for live births weighing less than 1,500 grams. Pohnpei reported an improvement from 0.7% in 2007 to 0.3% in 2008 and Yap reported a decrease from 1.5% in 2007 to 1.4% in 2008. The analysis of pregnant mothers reported smoking during the last three months of pregnancy shows that, throughout the FSM, out of the total 2,205 pregnant women seen during the calendar year, only 70 smoke in 2008. This is relative the same number of pregnant women reported smoking in 2007. Although the data showed slight increase in the percent of pregnant mothers who smoke, we are proud to report that Kosrae State, again reported that NO pregnant mother were smoking during the last thrree months of pregnancy. Most states reported that many more pregnant women continue to chew betel nuts with cigarettes during the last three months of pregnancy. This may have contributed to the high

percentge of children borned with low birth weight in each of the states. The data for infants born to pregnant mothers receiving prenatal care beginning in the first trimester shows tremendous improvement as well. In 2008, 40.4% of all infants born were born by women receiving prenatal care during the first trimester compared to 29.3% in 2007. Except for Yap, who reported a decrease to 17% in 2008 from 26% in 2007, all other states reported some improvements. //2010//

Health Status Indicators 07A: *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

HSI #07A - Demographics (Total live births)

CATEGORY Total live births	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Women < 15	3					3		
Women 15 through 17	48					48		
Women 18 through 19	83					83		
Women 20 through 34	812					812		
Women 35 or older	219					219		
Women of all ages	1165	0	0	0	0	1165	0	0

Notes - 2010
An attachment is included in this section.

Narrative:
//2010// There are 2,113 live births in the FSM during this reporting period. Out of the total 125 were births to teenagers (15-19 years old), 147 were low birth weight births (< 2, 500 grams) and 31 were very low birth weight births (< than 1,500 grams). Out of the 2,113 live births, 854 were born to pregnant mothrers receiving prenatal care duing the first trimester, and 48.1% of mothers observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index. All States reported expected prenatal visit using the Kotecchuck Index except Yap State, which used the WHO Model (at least four visits). Total live births to women of all ages (FORM 7A) is lower than what was actually reported by the States program, because only Chuuk and Yap States submitted data for Form 7. Yap State has converted their expected number of prenatal visit from the WHO Model to the Kotelchuck Index and Kosrae State submitted the data for Form 7. Pohnpei did not submit data for Form 7 without explanation. //2010//

Health Status Indicators 07B: *Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)*

HSI #07B - Demographics (Total live births)

CATEGORY Total live births	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Women < 15	3		

Women 15 through 17	48		
Women 18 through 19	83		
Women 20 through 34	812		
Women 35 or older	219		
Women of all ages	1165	0	0

Notes - 2010

Narrative:
//2010// There are 2,113 live births in the FSM during this reporting period. Out of the total 125 were births to teenagers (15-19 years old), 147 were low birth weight births (< 2, 500 grams) and 31 were very low birth weight births (< than 1,500 grams). Out of the 2,113 live births, 854 were born to pregnant mothrers receiving prenatal care duing the first trimester. Total live births to women of all ages (FORM 7A) is lower than what was actually reported by the States program, because only Chuuk and Yap States submitted data for Form 7. After the MCH Grant Review in Honolulu, Kosrae finally submitted the data. Pohnpei did not submit the data without explanations. //2010//

Health Status Indicators 08A: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

HSI #08A - Demographics (Total deaths)

CATEGORY Total deaths	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	32					32		
Children 1 through 4	9					9		
Children 5 through 9	5					5		
Children 10 through 14	6					6		
Children 15 through 19	6					6		
Children 20 through 24	5					5		
Children 0 through 24	63	0	0	0	0	63	0	0

Notes - 2010
//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//

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//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//

//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//

An attachment is included in this section.

Narrative:
//2010// Out of the total of 2113 births in 2008, 36 infants (age 0-1) died. The number of infants died and reported on FORM 8A is lower than what was actually reported by the State MCH Programs because only Chuuk and Yap States submitted data for Form 8. Major causes of infant death in the FSM are infection, malnutrition, prematurity and congenital and pneumonia. Please refer to attached Chart on Infant mortality for the FSM. After the MCH Grant Review in Honolulu, Kosrae State finally submitted the data. Pohnpei State did not submit the data without explanation. //2010//.

Health Status Indicators 08B: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. (Demographics)*

HSI #08B - Demographics (Total deaths)

CATEGORY Total deaths	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	32		
Children 1 through 4	9		
Children 5 through 9	5		
Children 10 through 14	6		
Children 15 through 19	6		
Children 20 through 24	5		
Children 0 through 24	63	0	0

Notes - 2010
//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//

//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//

//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//

//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//

//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//

//2010// The data is based on projected population for the sub-population group for 2008 based on 2000 FSM Population Census. //2010//

Narrative:
//2010// Out of the total of 2113 births in 2008, 36 infants died. The number of infants died on FORM 8A is lower than what was actually reported by the State MCH Programs because only Chuuk and Yap States submitted data for Form 8. Major causes of infant death in the FSM are infection, malnutrition, prematurity and congenital and pneumonia. After the MCH Grant review in Honolulu, Kosrae State finally submitted the data. Pohnpei state failed to submit the data without explanation. //2010//.

Health Status Indicators 09A: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

HSI #09A - Demographics (Miscellaneous Data)

CATEGORY Misc Data BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**	**Specific Reporting Year**
All children 0 through 19	36146					36146			2008
Percent in household headed by single parent	0.0					0.0			2008
Percent in TANF (Grant) families	0.0					0.0			2008
Number enrolled in Medicaid						0			2008
Number enrolled in SCHIP						0			2008
Number living in foster home care						0			2008
Number enrolled in food stamp program						0			2008
Number enrolled in WIC						0			2008
Rate (per 100,000) of juvenile crime arrests	1.5					1.5			2008

Percentage of high school drop-outs (grade 9 through 12)	7.0					7.0			2008

Notes - 2010
No data reported from the States. However, it is at a very low percentage, estimated at about 1%.

FSM is not eligible for TANF. Not applicable to FSM.

//2010// FSM is not eligible for Medicaid. Not applicable to FSM.//2010//

//2010// FSM is not eligible for SCHIP. Not applicable to FSM.//2010//

No food stamp program in the FSM. Not applicable.

FSM is not eligible for the WIC program. Not applicable.

No Foster Homes in the FSM. Not Applicable to FSM.

Narrative:
//2010// Most households in the FSM are headed by married couples. There is a small percentage of single parents but they either live with their parents, older siblings or relatives. It is quite rare to find household headed by single parents. Situation like this is similar to a case of a widower, but they are not considered single parents. FSM is not eligible for TANF, SCHIP, food stam and WIC. FSM does not have foster homes either. The percent of high school drop outs is estimated at 7% and rate of juvenile arrest is estimated at the rate of 1.5. Most juvenile arrests are associated with alcohol and theft of property. //2010//

Health Status Indicators 09B: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity. (Demographics)*

HSI #09B - Demographics (Miscellaneous Data)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**	**Specific Reporting Year**
All children 0 through 19	36146			2008
Percent in household headed by single parent	1.0			2008
Percent in TANF (Grant) families	0.0			2008
Number enrolled in Medicaid	0			2008
Number enrolled in SCHIP	0			2008
Number living in foster home care	0			2008
Number enrolled in food stamp program	0			2008
Number enrolled in WIC	0			2008
Rate (per 100,000) of juvenile crime arrests	1.5			2008
Percentage of high school drop-outs (grade 9 through 12)	7.0			2008

Notes - 2010
//2010// The data is projected based on the sub-population group for 2008 based on 2000 FSM Population Census. //2010//

//2010// FSM is not eligible for Medicaid. Not applicable to FSM.//2010//

//2010// FSM is not eligible for SCHIP. Not applicable to FSM. //2010//

//2010// FSM is not eligible for the food stamp program. Not applicable to FSM. //2010//

//2010// FSM is not eligible for the WIC Program. Not applicable to FSM. //2010//

//2010// FSM does not have Foster Homes or its equivalent. Not applicable to FSM. //2010//

Narrative:
//2010// Most households in the FSM are headed by married couples. There is a small percentage of single parents but they either live with their parents, older siblings or relatives. It is quite rare to find households headed by single parents. Situation like this is similar to a case of awidower, but they are not considered single parents. FSM is not eligible for TANF, SCHIP, food stam and WIC. FSM does not have foster homes either. The percent of high school drop outs is estimated at 7% and rate of juvenile arrest is estimated at the rate of 1.5. Most juvenile arrests are associated with alcohol and theft of property //2010//

Health Status Indicators 10: *Geographic living area for all children aged 0 through 19 years.*

HSI #10 - Demographics (Geographic Living Area)

Geographic Living Area	Total
Living in metropolitan areas	1602
Living in urban areas	16890
Living in rural areas	3979
Living in frontier areas	1121
Total - all children 0 through 19	21990

Notes - 2010
//2010// Urban areas in the FSM are the Business Centers in the four states. //2010//

//2010// Rural areas in the FSM are places outside of the Business Centers or country sides. //2010//

//2010// Frontier areas in the FSM include the hard to reach places and outer islands. //2010//

Narrative:
//2010// Most children between the age of 0 to 19 are either living in the city area (business center) or country side. Because of the geographical make up of the FSM, either one belong to the Main Island or the Outer Islands. Isolated areas on the main islands and outer islands, not easily accessible for health workers may be considered metropolitan and frontier areas. //2010//

Health Status Indicators 11: *Percent of the State population at various levels of the federal poverty level.*

HSI #11 - Demographics (Poverty Levels)

Poverty Levels	Total
Total Population	108026.0
Percent Below: 50% of poverty	75.0
100% of poverty	20.0
200% of poverty	5.0

Notes - 2010

Narrative:
//2010// FSM is considered a developing Island Nation. About 90% (Estimated) of people living (citizens) in the FSM are below the US Federal poverty level. //2010//

Health Status Indicators 12: *Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.*

HSI #12 - Demographics (Poverty Levels)

Poverty Levels	Total
Children 0 through 19 years old	36146.0
Percent Below: 50% of poverty	75.0
100% of poverty	20.0
200% of poverty	5.0

Notes - 2010

Narrative:
//2010// FSM is an under-developed Island Nation. About 95% (Estimated) of people, 0-19 years old, living in the FSM (Citizens) are below the United States poverty level. //2010//

F. Other Program Activities

//2006// The FSM MCH Program Activities are also supported by the Title X Family Planning Program, particularly in the provision of prenatal care services, at the Public Health Clinic and outreach program. The United Nations Population Fund (UNFPA) Reproductive Health Program compliments both the Title X Family Planning and the Title V MCH Program in the FSM by supporting services for pregnant mothers, all women of child bearing age (CBA), adolescents, especially young women and training of service providers. The UNFPA initiative in the FSM has contributed to the development of the Peer Education and Counseling Centers at the College of Micronesia-FSM National Campus and State Campuses of Chuuk, Kosrae and Yap, targeting in-school youths, development of the Adolescent Reproductive Health Project, currently being pilot tested in Pohnpei State, from which the ARH Multi-Purpose Center was established, which targets out-of school youths. All of these centers' activities are aimed at increasing awareness on both health and social problems effecting the youths in the pacific, especially FSM.

The National Women's Health Week Celebrations are held evey year. This program supports the MCH Program Objectives by fostering positive attitudes for women. Essenstials of early prenatal care services were discussed, such as exclusive breastfeeding, screening for breast and cervical cancer with a pap smear, iron deficiency anemia, STIs, food taboos, which has positive corelation with iron deficiency anemia, and importance of healh insurance for children.

UNFPA also funds the POP-GIS, a graphic information system, aimed at improving data management and translation for the FSM. //2006//

//2008// The Adolescent Reproductive Health Project, supported by the United Nations Population Fund (UNFPA), which is being pilot tested in Pohnpei State has changed its name to Adolescent Health and Development (AHD) Project. This year, two additional centers were opened up at the two new high schools in Pohnpei; Pohnlangas and Nanpei Memorial High Schools. Discussions are underway between the FSM Department of HESA, UNFPA and SPC to expand the project to Chuuk State. A tentative schedule has been set for HESA, UNFPA, and SPC to visit Chuuk State during the month of September this year to meet with State leaders about starting the Adolescent Health and Development Project in Chuuk. Once the AHD Project is operational, we hope that it would contribute to increased awareness on both health and social problems effecting the youths in Chuuk State. //2008//

//2009// An application for the Early Hearing Detection and Intervention (EHDI) grant has been submitted to HRSA. The EHDI program would enable FSM to purchase equipments and train nurses to conduct newborn hearing screening before hospital discharge. The grant is for three years and, if funded, FSM should be able to response better to some of the Performance Measure in the MCH Block Grant Data Matrix. //2009//

//2010// FSM finally got funded from HRSA to do Newborn Hearing Screenin at the main hospitals in the four FSM States. Newborn hearing screening is on-goin in all FSM States and the MCH Program aslo submitted another application to CDC for the CDC-EHDI Tracking, Surveillance, and Integrated Project. If funded, FSM should be able to further upgrade and improve the the health information system at the State level, which should facilitate sharing of data among the States and between the States and the FSM Department of Health. The CDC-EHDI Tracking, Surveillance and Intergration program will support and further build on the Information System that the SSDI Project has started for the National and State Departments of Health. //2010//
An attachment is included in this section.

G. Technical Assistance

//2006// No Change.//2006// //2008// No change or additions //2008// //2009// No Change //2009//
//2010// No Change or Additions //2010//

V. Budget Narrative

A. Expenditures

//2008// The discrepency in form 3,4 and 5 is due to the fact that in filling out these forms, FSM MCH program based its expenditures on what was actually awarded for that year. The budget columns were what FSM proposed for that year. The expended columns were what FSM was awarded. As can be seen, the total amount in the budget columns is exceed the amounts in the expended columns because FSM MCH Program only reported on what is spend out of the actual award.//2008//

//2009// No Change //2009//

//2010// No Change //2010//

B. Budget

//2010//
Federated States of Micronesia-FSM
2010 MCH Budget

BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2010
As documented in the Statement of Assurances in Section III, REQUIREMENTS FOR APPLICATION, the Federated States of Micronesia assures the Secretary of DHHS that no more
than 10% of funds will be used for administrative costs of each program component. The FSM
further assures the Secretary that it defines these administrative costs as the salary for the
Financial Management Specialist, fringe benefits, travel for the Program Coordinator and program staffs and expendable supplies to support the administration of the program at the FSM National Government.
PERSONNEL $12,402
A total of $12,402 is budgeted for personnel cost and includes provision of within grade increase
for the Financial Management Specialist currently funded by MCH funds.
FRINGE BENEFITS $1,116
A total of $1,116 has been set aside for fringe benefits which cover social security, insurance and
other benefits due the staff. Fringe benefits are based at 9.0% of the total base salary.
TRAVEL $18,000
A SUM Portion of the funds will enable program coordinator to conduct on site program and
financial monitoring in the four (4) FSM states. The balance will fund the program coordinator and one program staff to attend the MCH Block Grant Review in Honolulu, HI, MCH Annual
Partnership Conference and AMCHP meeting in Washington, D.C.
EQUIPMENT $0
No equipment requested in FY-2010.
SUPPLIES AND MATERIALS (EXPENDABLE) $1,000
This amount is to purchase supplies and materials necessary to maintain the administrative
operation of the program at the National level.
CONTRACTUAL $1,000
$1,000 will cover the FSM Membership fee to the Association of Maternal and Child Health Program (AMCHP).

OTHER $ 1,000
$500 will cover communication expenses, $200 freight cost, $300 POL.
TOTAL: $34,518
PREGNANT WOMEN, MOTHERS & INFANTS
BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2010
PERSONNEL $127,660
The sum of $127,660 has been budgeted to support the salaries of the component staff at the
four (4) States of Kosrae, Chuuk, Pohnpei and Yap.
FRINGE BENEFITS $10,926
Fringe benefits of 6.0% of the base salary is set aside to cover social security, insurance and
other benefit due the staff. Kosrae fringe benefit rate of 8.0%, Pohnpei at 6.0%, Chuuk at 10.0%
and 9.0% for FSM National Government.
TRAVEL $13,434
This amount will cover intra-island and off-island travels by component staff relating to MCH and Family Planning conferences, workshops or trainings.
SUPPLIES $12,050
This amount is to purchase both office, medical, and dental supplies for the four (4) States of
Chuuk, Kosrae, Pohnpei and Yap.
EQUIPMENT $3,000
This amount is requested to purchase desktop computer.
CONTRACTUAL SERVICES $10,494
This amount is requested to contract an off-island Laboratory to read pap smear for the four (4)
FSM States.
OTHER $3,925
This amount requested for FY-2010 is to cover the cost of printing and reproducing MCH educational materials, correspondence, reports; communication (telephone, FAX,); freight and
petroleum, oil and lubricant (POL)
TOTAL: $181,489
CHILDREN & ADOLESCENTS
BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2010
PERSONNEL $127,660
This amount requested will support the salaries of the component staff in each of the four (4)
FSM states.
FRINGE BENEFITS $10,926
This amount are based on 6.0% Pohnpei, 10% Chuuk, 8% Kosrae and 6% Yap state of the total
base salary set aside for social security and other benefits due the staff.
TRAVEL $13,434
This amount requested is budgeted for intra-island and off-island travels for the Four (4) FSM
states.
EQUIPMENT $3,000
A sum of $3,000 is requested to purchase desktop computer and portable HOMOCUE machine.
SUPPLIES $12,050
This amount is to purchase office and medical supplies for the MCH and Dental Program in the
four (4) States of Chuuk, Kosrae, Pohnpei and Yap.
CONTRACTUAL SERVICES: $10,494

A total amount requested is to support breastfeeding support group.
OTHER $3,925
A total of $3,925 is requested to accommodate the costs of printing and reproduction, communication, freight, fuel, oil and lubricant for Chuuk, Kosrae, Pohnpei and Yap.
TOTAL: $181,489
CHILDREN WITH SPECIAL HEALTH CARE NEEDS
BUDGET NARRATIVE JUSTIFICATION - Fiscal Year 2010
PERSONNEL: $59,951
$59,951 will continue support the salaries of National CHSCN Physician, Chuuk MCH Coordinator, CSHCN Coordinators for Pohnpei and Kosrae State.
FRINGE BENEFITS: $5,396
This amount covers the Social Security, insurance and other benefits due the staff, and is based
on an average 9.0% of the total base salary.
TRAVEL: $42,000
$42,000 will support off-island travel cost for the following program activities: 1) Both National and States MCH/CSHCN Coordinators, and one parent representative to attend the Pacific Basin
Interagency Leadership Conference (PBILC); 2) To continue fund travel of the off-island pediatric cardiologist consultant to visit the FSM states and 3) National Program Manager and program staff to attend the Partnership Conference and PacRim. The differences will support travel of the National CSHCN Physician to visit the four FSM states.
EQUIPMENT: $12,000
A sum of $12,000 is requested to purchase for computer set for the CSHCN Coordinator in the four (4) FSM States.
SUPPLIES: $40,000
$40,000 is requested to purchase medical supplies such as long acting Bicilline, Multi-Vitamin,
and Albendazole for the four FSM states.
CONTRACTUAL SERVICES: $7,500
$7,500 will continue to contract Dr. Melville Singer, Pediatric Cardiologist Consultant to provide services in the four FSM states.
OTHER: $18,500
A sum of $18,500 is requested to support the program activities in the four FSM States based on proposal submission to the FSM National Government.
TOTAL: $185,347
BUDGET NARRATIVE JUSTIFICATION
Fiscal Year 2010
State of Chuuk
PERSONNEL: $89,260
A total of $89,260 is requested to continue support the salaries of eleven (11) MCH staff in FY-2010.
FRINGE BENEFITS: $8,926
To cover the social security, insurance and other benefits due the staff, total of $8,926 is budgeted and based at 10% of the total base salary.
TRAVEL: $7,116
$2,000 is requested to continue support intra-island travel to conduct outreach clinic.
$5,116 to support the travel of the MCH and CSHCN coordinator or staff to attend the off-island related conference and workshops. This meeting include FP/MCH Annual Conference in Guam, American Pacific Nursing Leadership Conference in Palau and Pac Rim Conference in Honolulu, HI in 2010.
EQUIPMENT: $0
No equipment requested in FY-2010.
SUPPLIES: $6,800
a) Medical and Dental Supplies
of this amount 5,000 is requested to purchase medical supplies including prenatal tablets,

iron
tablets and liquid, multi-vitamins and tempra for children and to purchase laboratory supplies to
screen prenatal patients for hepatitis B, Anemia. The remaining $1,000 is requested to support
the Dental Health Preventive Program such as toothbrushes, fluoride drops and sealants.
b) Office supplies (Expendable) $800
A total amount of $800 is requested to purchase office supplies to run MCH Clinic both in the
center and out in the fields.
CONTRACTUAL SERVICES: $5,500
$5,500 is requested for contractual services. Of this amount $3,000 will contracted a laboratory to read pap smears. $1000 will be used to support newly formed Mortality Audit Committee, and $1,000 will support the Breastfeeding support group, and $500 will be use for repairing program equipments.
OTHER: $3,000
a) Printing and Reproduction $500; A sum of $500 is requested for printing and reproducing
forms and Informational & Educational (IEC) materials.
b) Communication $500
$500 is requested to pay for overseas calls, fax, emails and telephone services.
c) Petroleum Oil and Lubricant $1,500
To purchase gasoline and oil to conduct outreach services in the lagoon and outer islands.
d) Boat Rental $500; A sum of $500 is requested to rent private boat for transporting MCH/CSHCN staff for outreach services in the remote community in the lagoon and including the outer-islands.
TOTAL: $114,716
BUDGET NARRATIVE JUSTIFICATION
Fiscal Year 2010
State of Kosrae
PERSONNEL: $39,732
This amount requested is to continue support the salary of five (5) full time MCH staff. This includes the MCH Coordinator, school health nurse, one MCH staff nurse, one dental assistant
and a nutritionist.
FRINGE BENEFITS: $4,768
Fringe benefit at the rate of 12% of the base salary is set aside for social security, insurance and
other benefits.
TRAVEL: $6,000
This amount will cover travel cost for the MCH Coordinator or MCH Staffs to attend off-island
conferences,workshops or training. These meeting include Annual FP/MCH conference in Guam, APNLC Conference in Palau.
EQUIPMENT: $2,000
This amount is requested to fund some of the necessary equipments such as computer set, power point projector and a lab-top computer.
SUPPLIES: $5,500
a) Of this amount, $4,500 is requested to purchase medical supplies such as vitamins, irons and
tylenol for children and pregnant women and also to purchase dental supplies.
b) Expendable Supplies $1,000
A total of $1,000 is requested to purchase office supplies to support MCH clinic in the center and
out in the Fields.

CONTRACTUAL SERVICES: $6,488
a) A sum of $3,000 is requested to continue contract one off-island laboratory for pap smears reading.
b) A sum of $3,448 is requested to continue fund four (4) Breast Feeding Support Group Mothers supporting exclusive breastfeeding in the communities.
OTHER: $1,850
a) Communications: $200; This amount is requested for telephone and internet cost.
b) Printing and Reproduction: $300; This amount is requested for printing and reproduction of
health education materials in both English and Kosrean for the MCH Program.
c) Rental Services: $100; A sum of $100 is requested for boat and car rental services to do an
outreach clinic in Walung.
d) Petroleum, Oil & Lubricants (POL): $250; This amount will purchase POL for outreach activities in the communities.
e) Miscellaneous: $1,000; This amount is requested to fund the breastfeeding week activities and community workshop for women.
TOTAL: $66,338
BUDGET NARRATIVE JUSTIFICATION
Fiscal Year 2010
State of Pohnpei
PERSONNEL: $68,480
A total of $68,480 is requested to continue supporting the salaries of the Five (5) existing MCH
Staffs.
FRINGE BENEFITS: $4,108
This amount is based on 6% of the base salary for social security and other benefits due the staff.
TRAVEL: $8,252
$2,000 is for intra-island travel. The differences amount of $6,252 will support off-island travel for the MCH Program Coordinator or program staff to attend the Annual FP/MCH conference in Guam and the American Pacific Nurse Leadership Conference (APNLC) in Palau.
SUPPLIES: $6,800
a) Medical Supplies: $4,000; This amount requested will purchase prenatal vitamins, iron tablets
and liquid, multi-vitamin drops, Tylenol or Tempra liquid for the children.
b) Dental Medical Supplies: $2,000; To purchase sealants for the dental services.
c) Office Supplies (Expendable): $800; To purchase office supplies and materials.
EQUIPMENT: $2,000
$2,000 is requested to purchase two (2) Portable HEMOCUE machines for the program needs.
CONTRACTUAL SERVICES: $5,000
A sum of $5,000 will contract an off-island laboratory to read pap smears.
OTHERS: $2,000
$250 will cover printing & reproduction; b) $250 for communication; c) $500 for POL and d) $1,000 for freight.
Total: $96,640
BUDGET NARRATIVE JUSTIFICATION
Fiscal Year 2010
State of Yap
PERSONNEL: $63,734
$63,734 is requested to continue support salaries of eight (8) existing MCH staff plus one new position for a nutritionist with merit increase.
FRINGE BENEFITS: $3,824
Fringe benefit is based on 6.0% of the total base salary, which covers social security,

insurance
and other benefits due the staff.
TRAVEL: $5,500
A sum of $3,320 is requested for intra-island travel. The differences will support off-island travel of the MCH Coordinator or program staffs to attend the FP/MCH Annual Meeting in Guam.
EQUIPMENT: $2,000
$2,000 is requested to purchase one lap top and a desk top computer for the program needs.
SUPPLIES: $5,000
$3,500 is requested to purchase medical and office supplies for MCH Program. The differences will support Dental Program to purchase sealant kits.
CONTRACTUAL SERVICES: $4,000
$3,000 is requested to continue contract one off-island laboratory for Pap smears reading. The
differences amount of $1,000 is for MCH public health promotional activities.
OTHER: $1,000
The amount of $1,000 is requested for workshops and outreach activities and $200 for fuel.
TOTAL: $85,058
//2010//

VI. Reporting Forms-General Information
Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets
For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. Glossary
A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note
Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents
A. Needs Assessment
Please refer to Section II attachments, if provided.

B. All Reporting Forms
Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents
Please refer to Section III, C "Organizational Structure".

D. Annual Report Data
This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.